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ORIGINAL DEPARTMENT.

LECTURES.

Clinical Remarks on Albuminuria, with Cases; Delivered at the Pennsylvania Hospital, February 2d, 1861.

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(Reported and Condensed for the Medical and Surgical Reporter.)

There are now in the hospital several cases of a disease affecting the system of nutrition, and manifesting itself by a common symptom, which give it the characteristic name of *albuminuria*. In order to study it understandingly, I will briefly recall to you phenomena which often present themselves in scarlatina.

Scarlatina depends upon a specific poison introduced into the blood, and causing a vast amount of constitutional irritation, which manifests itself by the production of a high degree of fever and a peculiar eruption on the skin. It generally lasts for five or seven days, when it terminates by desquamation, the cuticle coming off and a new one being formed. In some cases, from fourteen to twenty-one days, after the onset of the disease, if the urine is observed, it will be found scanty and slightly turbid, which latter condition is much increased by the application of heat, or the addition of nitric acid.

The urine now becomes still more scanty and is high-colored, sometimes presenting a smoky appearance, sometimes decidedly bloody.

The question arises, What has caused all this? Why does a new train of phenomena present itself at this stage of scarlatina when everything seemed tending to convalescence.

This disease depends, as said before, on the presence of a specific poison in the blood, and one of the outlets by which this poison has to be eliminated is through the skin. If the action of the skin, during convalescence, be arrested from any cause, as, for instance, exposure to cold, the kidneys take on vicarious action and endeavor to eliminate the poison. This vicarious action produces irritation in these organs, which subsequently gives rise to congestion; a large amount of epithelium is thrown out by the uriniferous tubes, they become clogged, and press upon the blood-vessels on all sides; great engorgement of the corpora malpighiana takes place, in consequence of which there is a stasis of circulation through them, and wherever there is a stasis of the circulatory fluid, there is apt to be an exosmosis of the watery constituents of the blood into the surrounding tissues.

In the kidneys the outlet for this material of the blood is into the uriniferous tubes, and thus we find some of the fluid constituents, the watery parts with the albumen, flowing out and making their appearance in the urine.

In this way we account for the existence of the albumen in the urine.

Sometimes this condition goes further; there is not only a stasis of blood and an exfoliation of epithelium, but the corpora malpighiana give way, and, in consequence, the urine becomes not only loaded with albumen, but smoky in appearance, sometimes decidedly blood-red in color. Under the microscope, in these instances, the blood-disks are found to be present, and also fibrinous casts of the uriniferous tubes themselves, having blood disks entangled with them.

It must be borne in mind that the kidney receives a large supply of blood from the systemic circulation; its artery enters the organ almost at a right angle from the great trunk, and washes into it torrents of blood to enable these organs to perform their function as sewers. When this renal artery reaches the cortical substance of the kidney it splits up into numerous vessels, the ramifications of which

become rolled up like balls of twine, constituting the red spots seen in the cortical portion of the kidney, and known by the name of the Corpora Malpighiana. Beside the afferent vessels these bodies also contain the efferent vessels by which the blood is returned to the renal vein.

Each of these bodies is embraced by the extremity of an uriniferous tubule, which conveys the urine to the pelvis of the kidney, from whence it goes to the bladder. The tube is somewhat convoluted as it runs down to the pelvis of the kidney, where it discharges its secretion. The efferent vessel as it emerges from the corpus malpighianum, becomes a second time capillary at the point where it embraces the uriniferous tubes, and hence there is a portal system of the kidney, according to some, containing arterial blood, while others maintain that it is venous. The question, however, will not come up at present.

Suppose these uriniferous tubes are throwing out large quantities of epithelium, desquamating as the skin does under the presence of the irritation of scarlatina poison, they will become charged with epithelial particles, and will necessarily become distended, making pressure on the second or portal system of vessels so as to interfere with the circulation of the blood through them; there will be a backing of the blood into the corpora malpighiana, which will also become clogged with blood; the renal artery still sending torrents of blood to its interior, there will be thus a backward and forward pressure upon the corpora malpighiana themselves, under which they must necessarily become greatly distended. There will be stasis, in consequence of which the condition just described will occur.

Thus, we find first an irritant is applied to the uriniferous tubes, then an increased amount of epithelium is thrown out into them, blocking them up, causing pressure on the portal system of the kidney, producing backing on the corpora malpighaina, effusion of the watery particles of the blood, the liquor sanguinis, and the blood discs.

This explains why the urine presents albumen, a smoky color, and the fibrinous casts.

But this is not all. Supposing that this blood cannot have an outlet, there will be a backing upon the left ventricle of the heart, thence into the left auricle, thus interfering with the circulation through the lungs, whence is produced dyspnœa, and sometimes effusion of water into the substance of the lungs, constituting œdema. Then it will go on to the right side of the heart, and the venous system will become engorged; serum will become infiltrated into the cellular tissue of the body, constituting anasarca, which will be noticed first in the eye-lids, where there will be a little puffiness, more especially on rising in the morning. This effusion of fluid will gradually extend to the cheeks, then to the upper and lower extremities, finally into the cavity of the abdomen, or other localities, and be named according to the locality in which it takes place.

One of the patients before the class, a female, presents an illustration of acute dropsy, caused by a sudden arrest of the function of the skin, in consequence of exposure to cold, resulting in congestion of the corpora malpighiana, followed by the appearance of albumen in the urine.

The patient was in good health until some few weeks ago, when after exposure in washing, she became thoroughly chilled. Soon after she found that she began to swell, and that the quantity of urine discharged was diminished, while, at the same time, she experienced a frequent desire to pass water, being obliged to get up frequently in the night without being able to pass more than a small quantity. This may be owing to the fact that, in consequence of its diminished quantity, the urine is somewhat irritating to the mucous membrane of the bladder. Be this as it may, the symptoms which presented themselves were, *first*, diminution in the quantity of the urine; *second*, a dropsy which presented itself first in the eyelids and face, and subsequently in the upper and lower extremities.

When she came into the house, the symptoms were very manifest: there was great swelling of the lower extremities, so that the feet would sensibly pit on pressure, which they still do to some degree. There was also some effusion into the cavity of the abdomen.

The explanation of this train of symptoms is found in the fact that the patient, in performing a hard day's work, became very much heated, and while perspiring freely was subjected to a draught of cold air, by which the action of the skin was arrested. The skin it will be remembered is an excretory surface, intended to remove from the blood certain effete materials, whose retention would be injurious. When its function is arrested, instantly the vicarious organs—the kidneys—take upon themselves their friendly action, and endeavor to eliminate from the blood the poisonous materials. As in the scarlatina pa-

tient, the kidneys became irritated by the presence of an unusual amount, and perhaps a different kind, of irritation from that to which they were accustomed, and hence the occurrence of the same train of phenomena; the uriniferous tubes became clogged up with epithelial cells; in consequence of which, they pressed on the vessels constituting the portal system of the kidney, the circulation through which became impeded; congestion of the corpora malpighiana took place; rupture followed, or extravasation of the fluid particles of the blood into the uriniferous tubes, and albumen made its appearance in the urine. This is the way in which acute renal dropsy ordinarily occurs.

It is a well-known fact that, whenever albumen makes its appearance in the urine, there is a diminution in the amount of *urea* in that fluid; the normal quantity of this material, which should be cast off in the twenty-four hours, becomes diminished suddenly, and is found accumulating in the blood; here it becomes a poison, and, when this accumulation proceeds so far as to produce a depressing influence on the system at large, and more especially on the nervous system, it gives rise to a train of phenomena sometimes resulting in profound coma—sometimes in convulsions.

In the patient before the class, it merely produced some headache and a disposition to sleep, which was a constant symptom when she was admitted.

Uræmia, with its concomitant accidents, may occur in puerperal women, in consequence of the pressure of the gravid uterus upon the renal veins, causing, mechanically, congestion of the kidney; the circulation in the renal vein is impeded, and congestion occurs in the same way, before described, when there will be anasarca. Therefore, if a pregnant woman, especially if she be a primipara, has had some swelling of the lower extremities, a disposition to drowsiness, obscurity of vision, or phantasm, take care that she do not have puerperal convulsions, and therefore guard against it by a proper preliminary treatment.

In the *treatment* of this disease, it is manifestly our duty to relieve, if possible, the hydropic condition of the blood, to prevent any further infiltration of the cellular tissue, or the tendency to dropsy of the large cavities, and to promote the absorption of that already effused.

Carefully avoid all irritant diuretics; find some other outlet than the irritated kidneys for the relief of the dropsy; the bowels are a much safer medium, and we can produce profuse watery discharges from the mucous membrane of the alimentary canal by the combination of hydragogue medicines, which have also a somewhat diuretic, but not a stimulant, action upon the kidney. The best is the compound powder of jalap and cream of tartar in from ʒss. to ʒj. doses once or twice a day, or every other day, as the circumstances of the case may demand. This will produce a profuse watery discharge from the alimentary canal, relieve the blood of its hydropic condition, render it more dense, and favor endosmose from the tissues to the interior of the blood-vessels; for the denser the blood the more apt is the fluid which surrounds a vessel to be carried by endosmose into its interior, and vice versa.

The next endeavor must be to relieve the congestion of the kidney; and here we find that nature herself sometimes accomplishes this by rupture of one or more corpora malpighiana, and letting the blood escape into the uriniferous tubes.

It is questionable whether it is quite proper in the commencement of albuminuria, more especially when in the form of acute renal dropsy, to take blood either from the arm or locally from the back; whether, in some cases, it may not perhaps be better to wait a while and see if nature herself is not competent to relieve this congestion. There is no difficulty or danger to be apprehended from the application, however, of dry cups or counter-irritants over the kidney, which may be done with safety and advantage.

Therefore we direct, in addition to the hydragogue action on the alimentary canal, counter-irritation over the back by dry cups, sinapisms, or frictions, with some stimulating liniment—not the turpentine, however, for this may be absorbed into the blood, and act as an irritant to the kidneys.

Another means, which must not be forgotten, is the promotion of the action of the skin. This can be done either by the warm bath or the hot-air bath. If the patient is not strong enough to bear immersion in a general bath, by means of an ordinary alcohol lamp and a funnel connected with a tube, a stream of hot air may be sent under the bed-clothes, and profuse diaphoresis produced without subjecting the patient to the fatigue of rising.

It is very important to stimulate the action of the skin to relieve the kidneys from their

over-work, which they are hardly capable of carrying on.

If after we have thus relieved the urgent symptoms, the albuminuria still goes on, it may be well to apply cut cups and to take a few ounces of blood from the region of the kidneys. If, after this, the albuminuria and hæmaturia still continue and the patient becomes pale and waxy, presenting the characteristic appearance of chronic albuminuria, there arises a necessity for another plan of treatment, which is to combine with some mild and unirritating diuretic some of the chalybeates, and nothing is so good as the tr. ferri chloridi, given in combination with a solution of the acetate of ammonia, made super-acid by the addition of a small quantity of acetic acid; it is very efficacious in supplying the two conditions required, namely: to increase the quantity of red corpuscles, and also to produce a diuretic action on the kidneys.

Remember this is a disease of somewhat long standing. You must not become discouraged, therefore, if it does not yield at the onset; persevere in the treatment adopted until there is reason, in consequence of its want of success, to change it.

If you find that your patient is becoming feeble, give a good nourishing diet; let him have animal food, and it may be necessary, in some cases, and under certain circumstances, to combine a small amount of alcoholic stimulants in the treatment of acute renal dropsy.

In chronic albuminuria, we often find that new deposits of a different character take place; and thus the epithelial cells become loaded with foreign matter, in some cases with fat globules, in others with a peculiar waxy material.

The pathological phenomena in these cases are the same as in those described; there is the same mechanical pressure on the renal veins, the same stasis of blood in the corpora malpighiana, and the same train of symptoms in consequence.

It is important to determine the presence of albumen in the urine. We have two agents by which the presence of this organic product can be detected, the application of heat and the addition of nitric acid.

If you take urine, suspected to contain this material, and add to it a small quantity of nitric acid, if there be albumen, it will manifest itself by the presence of a dense white precipitate, sometimes so great as to cloud the whole specimen.

The urine of the patient before us has a somewhat smoky color; it is not the clear, amber hue of healthy urine. This is due to the presence in it of a small quantity of blood discs. On adding to it a few drops of nitric acid, instantaneously a dense precipitate of albumen is thrown down. It can also be detected by the application of heat; 160° Fahrenheit is sufficient to convert the fluid albumen of the serum into a solid.

In examining urine for the first time, it is always best to apply both tests, for, sometimes, owing to the presence of salts in the urine, thrown down by the application of nitric acid, the result might be mistaken.

Another test is that known as Millon's, which is a solution of the acid nitrate of mercury. Whenever this material is added to fluids containing protein bodies in solution, a precipitate will be produced, always recognizable by its beautiful pink hue, as seen in the present test with the urine of the patient. This is a very delicate test indeed, and it is asserted that a very minute part of albumen can be detected by it in any fluid.

There is another peculiarity in regard to albuminous urine,—it is its low specific gravity. The ordinary specific gravity of healthy urine ranges from 1015 to 1025; and, it is found in these cases, that although loaded with albumen, a substance dense in character itself, the specific gravity of albuminous urine falls sometimes as low as 1010, which is the sp. gr. of the urine now under examination.

It is supposed that this diminished specific gravity is due to the absence of the characteristic saline ingredients upon which its ordinary specific gravity depends. Whether by experiments on living animals, by placing a ligature on the renal veins, or from some pathological conditions in the organs themselves, we always find that the urea diminishes in the urine and accumulates in the blood, and the sp. gr. falls sometimes even as low as 1003, when the urine is loaded with albumen.

There is another phenomenon connected with this condition of the urine and the nutritional changes which result, to which time will allow me but briefly to advert. I will illustrate it by a case.

I was in attendance last fall on a primipara, who had gone as far in pregnancy as the sixth or seventh month. She then came under my care with a highly œdematous condition of the lower extremities, with puffy eyelids, swollen

face; with a diminished quantity of urine and a large amount of albumen in it.

One Sunday morning I found her in premature labor; the os uteri was just beginning to dilate; she was beginning to have pains and I sat by her side, watching her for several hours. As I was departing from the house she was seized with a violent convulsion, during which the fœtus was expelled, and she remained unconscious for a considerable time. Here was a case of convulsions produced by the presence of urea in the blood, attendant upon the condition of the kidney before described. When she recovered from her convulsion she was amaurotic in one eye, unable to distinguish anything before her when she employed that eye alone; when she closed the sound eye there was a smoky veil between herself and the object which rendered it indistinct.

This is not unusual in albuminuria from chronic disease of the kidney.

One of the patients before the class is a man in whom there is a chronic disease of the kidney, with albumen in his urine, and having all the characteristic phenomena of the disease, in whom is presented the amaurotic condition described, but limited in his case to one part of the eye. He can see only the lower portion of objects, so that the difficulty is in the lower part of the organ, for we must not forget that objects present an inverted image on the retina.

Sometimes in these cases there will be a single black spot, so that all the surrounding portions of an object will be seen, but not its central part. At other times the disease is in one vertical half of the eye, either the lower or the upper half.

This is, doubtless, owing to nutritional changes in the retina itself; probably to some impairment of the fibres of the retina, and, probably, also, in many cases where the contamination has been extensive to an infiltration into some of the sub-retinal tissues, in which the fibres of the optic nerve, and other parts connected with vision, become enfeebled in their action and incapable of transmitting correctly, or at all, the impression from rays of light.

The third patient brought forward to illustrate the subject under discussion had been in the early part of his life a seafaring man; subsequently, he became a rigger, and was exposed to great vicissitudes of temperature. He fell into feeble health a month ago; a large abscess formed in the walls of the abdomen, which was opened by Prof. Smith, of the University, discharging about six ounces of pus. Shortly after, he discovered his cheeks beginning to swell, and then he found that he had some little puffiness of the eyelids, and finally some effusion into the cavity of the abdomen.

When he came into the house, the characteristic materials, albumen, &c., were found in the urine in profusion.

There is nothing very remarkable about his case. It presents the ordinary phenomena of albuminuria. He has, however, one additional complication. There are symptoms of pulmonary disorder; he has had cough for some time; there has been some little effusion into the cellular tissue of the lungs, and he has had, to a limited extent, inability to lie down, in consequence of a sense of impending suffocation.

This infiltration into the cellular tissue of the lung takes place from the stasis of the circulation in the kidney backing the blood upon the aorta, and then into the left ventricle, then into the left auricle, and finally into the lungs, where, in consequence of the pressure, a partial stasis takes place, also causing infiltration into the cellular tissue of the lungs; and, in some cases of albuminuria, it is one of the modes by which the exit from life takes place; a sudden effusion occurs into the cellular tissue of the lungs, and the patient dies asphyxiated.

Sometimes the effusion takes place into the bronchial tubes themselves, and the man dies of suffocation.

This patient presents the same train of phenomena as the others, and the cause is probably mechanical, as in the case of the female.

I have not been able to detect in the urine either the presence of fat, oil globules, or of waxy casts, and am, therefore, disposed to consider the case as one of acute renal dropsy dependent upon the existence of some poison in the blood.

He has been purged with the compound powder of jalap and cream of tartar, and has had an infusion of juniper berries and cream of tartar.

The color of his skin is much more characteristic than in the other cases; he has the peculiar waxy appearance, in which there would seem to be a diminution in the red particles of the blood, perhaps from their escape from the kidney, and partly from the retention of the urea in the blood, which breaks down the red corpuscles.

We know urea to have this effect, because experiments have been made to ascertain the effects of certain secondary products on the

blood, and the addition of urea has been found to break down or dissolve the red particles; and if it is capable of acting in this manner upon fluids out of the body, there is no difficulty in comprehending that it will take place likewise in the body under similar conditions; and if the urea is retained in the blood, it may in the circulating fluid break down the red cells so as to cause the peculiar anemic condition.

After a while, the patient will be put on the solution of the superacetate of iron, and this will be administered in appropriate doses two or three times a day, to promote the restoration of the blood, as well as to keep up the proper diuretic action of the kidneys.

COMMUNICATIONS.

Historical and Critical Observations on the Extirpation of Cystic Tumors of the Ovaries.

From the French of Dr. Jules Worms, (Gaz. Heb., No. 46, 1860.)

By O. D. Palmer, M. D.,
Of Zelienople, Pa.

(*Continued from page* 504.)

Operative Method.—Among the methods to which recourse may be had, should it be decided to extirpate a cystic tumor of the ovaria, there are some that have been proposed without ever having been put in execution; others that have been employed but very rarely, and finally certain others that are most frequently employed, and approved especially by the English surgeons, in their extensive practice. It is the examination of the last that becomes the most important. In Germany, also, the same method has been in use, and M. Langenbeck, who has performed ovariotomy oftenest in that country, has adopted it.

When the operation is not very urgent, the patient is submitted for some time to a fortifying regimen. A few hours before the operation, the large intestines are emptied by means of a purgative or lavement. With the idea of avoiding the cooling of the abdominal cavity, after the division of its walls, some surgeons raise the temperature of the apartment in which they operate, or fill it with the vapor of water. Drs. Baker, Brown, and Spencer Wells, deem these precautions at least as useless. The inferior extremities and the chest of the patient are properly covered with flannel. Pieces of flannel warmed and moistened are made ready, destined to repress the intestines should they protrude. Anæsthestics have always been employed in late years.

The majority of operators place themselves on the side of the patient. Some years since it was customary to have the patient lie on an inclined plane, the limbs depending, the surgeon about to operate being placed between the knees of the patient. The incision in the abdomen is always made along the *linea alba*, between the umbilicus and the pubes. The peritoneum is opened upon a grooved sound, or with moistened scissors.

There was, at one time, much discussion among the English surgeons concerning the length of the incision in the abdominal walls. One party contended for a long incision; the other, for a short one. This quarrel is now entirely set at rest, and all are of the opinion that the first incision should be from four to five inches, at equal distances from the umbilicus and the pubis, and that it should not be enlarged from above or below till it is found impossible to continue the operation without it.

It is now thought that a long incision does not expose the peritoneum any more than a short one. Some operators even have advanced the opinion that, in exposing the tumor freely, there is less danger of violence to the abdominal viscera, and for this reason peritonitis would be less frequent after long incisions.

The incision made, the surgeon introduces the hand into the peritoneal cavity, examines the form and relations of the tumor, destroys what light adhesions there may exist, uniting the cyst to the walls or to the intra-abdominal organs. When the first examination, rapidly made, affords a certainty that the tumor is free, the portion of the cyst exposed is made to project through the lips of the wound. Most frequently it is drawn out by one or more *erignes*, confided to an assistant. Another assistant applies a hand to each side of the abdominal wound, for the purpose of maintaining the walls in the most exact contact possible with the sac, and hindering the protrusion of the bowels or the introduction of the cystic fluid.

This done, a large trocar is plunged into the tumor. Dr. Wells speaks very highly of a particular trocar; on one of the sides of the canula is an opening, guarded by a border supporting a long, gum-elastic tube. The free extremity of this plunges into a basin placed on the ground. In this manner the fluid is discharged

without wetting the patient or incommoding the operator. In proportion as the cyst is emptied, it is drawn out of the wound; if there are other sacs distended, they are tapped successively. The fluid is often too thick to be discharged; in this case it is attempted to empty the sac by converting the puncture into a longer or shorter incision.

Sometimes this mean is still insufficient, on account of the cells of the tumor being too small, and the small quantity of fluid escaping does not sufficiently diminish the size of the sac. Then it becomes necessary to prolong the incision of the walls either above or below, and attempt to extract the tumor without emptying. Hitherto we have spoken of cases, in which there are no adhesions to the abdominal walls, or merely slight adhesions, and such as can readily be broken up by the hand. But it often happens otherwise. The incision of the integuments is made; we endeavor to introduce the hand, and are arrested by a solid union of the cyst with the walls of the abdomen. In such cases the wound must immediately be enlarged, and endeavors made to detach the cyst with the handle of the scalpel. Sometimes this is not sufficient, and it becomes necessary to make a real dissection; there is a discharge of blood, and ligatures must be applied.

It is impossible to say what amount of resistance we may seek to surmount in these adhesions without absolutely endangering the life of the patient. The above-cited cases demonstrate that we may proceed very far in this way, and yet have hopes of success. However, when it becomes necessary to employ a cutting instrument to separate the adhesions, when ligatures have to be used, there is a greater risk of immediate difficulties, and the proportion of favorable chances diminishes in the same ratio. Finally, there are cases in which it is impossible to separate the tumor from the parietes, and we are then obliged to suspend the operation. Operations incompleted seem to have become more rare for some years past. Does this arise from the conviction of surgeons that an attempt to separate even very solid adhesions is justified by the results, or rather from a more careful rejection of the cases in which extensive adhesions had been recognized before the operation? Thus we may remark that Mr. Clay, of Manchester, has been compelled to leave the operation unfinished in ten cases only out of one hundred and three; M. Baker Brown, once in twenty cases; M. Spencer Niles, once in twenty-one operations achieved. M. Langenbeck was able to complete the extirpation in all of the operations he performed.

The adhesions uniting the tumor to the walls of the abdomen, are those that oftenest oppose a difficulty, or an absolute obstacle, to the accomplishment of the operation. In other cases, it has happened that the cyst being free, or retained very slightly by its anterior face, the surgeon has encountered resisting attachments to the epiploon, the intestines, the liver, the stomach, the uterus, or the floor of the pelvis. (Vide *Case* 5.)

Light epiploïc adhesions are quite frequent, and consist, for the most part, in false membranes easily detached. Operators, however, have sometimes been obliged to dissect the epiploon, or even to cut away a portion of it, and apply ligatures to the divided vessels.

Firm adhesions to the stomach, the liver, the spleen, the intestines, are rare. When these are encountered, it has been advised to cut the adherent part from the walls of the tumor and leave it in the abdomen; but more frequently the operation has been abandoned when such obstacles have been encountered.

The insertion of the tumor into the fundus of the uterus, and the entire absence or the brevity of the pedicle, have often been hindrances to extirpation. Under such circumstances, we cannot deduce, in a general way, any fixed rules; for, under conditions analagous, we find both successes and reverses. However, we must repeat it, the existence of unlooked-for adhesions, that are inseparable, constitute a very vulnerable point in the defense of ovariotomy. At the present time, no less than at other times, the operator may be exposed to the rebuff of being obliged to relinquish the execution of the operation. All that we have learned from the facts is summed up in this: the even violent separation of very extensive and very solid adhesions does not always exclude the chance of success.

What is to be done in the meantime if it be found impossible to continue the operation? Some operators have limited their efforts to the reuniting of the abdominal wound without attempting to touch the tumor; others have endeavored to improve the condition of the patient by an incision of the cyst, or by an excision of a portion of its walls. The results of these unfortunate attempts have been approximately determined by that part of M. Clays'

statistics treating of the fruitless attempts at extirpation already referred to.

Let us return to those cases in which the operation may be completed, and to that period of the operation when the cyst having been exposed and punctured, or incised, can be extracted, whether originally found free or whether its adhesions to neighboring organs may have been separated. The tumor is drawn out of the wound, and is attached by the pedicle. This pedicle is formed by the broad ligament, to which are united often the round ligament and Fallopian tube. There exist, moreover, in the pedicle vessels sometimes numerous and of a large calibre. Here we touch upon a point that has been considered as very important in the manual part of the operation, and to the decision of which there has been attributed, during the few past years, a great part in the result of the operation. What is to be done with the pedicle after the tumor has been separated? Formerly, it was tied by a very strong ligature when small; but, if thick, it was tied in several portions, after having penetrated it in one or more places with a needle armed with a double thread. It was then cut a little above the ligatures, and the secured portion of the pedicle returned within the abdomen, only taking the precaution to leave the ligatures in the wound when it was united.

For seven or eight years past, nearly all the surgeons who have performed ovariotomy have adopted a modification, employed probably for the first time by M. Langenbeck, in 1851, and which consists in maintaining the pedicle in the abdominal wound itself. Thus, in the first place, the danger of internal hemorrhage, which has frequently been caused by the premature detachment of the ligatures of the pedicle, is avoided; in the second place, one cause of peritonitis or the formation of abscess, often produced by the presence of the suppurating trunk of the pedicle in the abdominal cavity, is obviated.

At the present time, this part of the operation is practiced, we may say, substantially in the following manner, viz: Before cutting the pedicle, it is seized by a special instrument, the first idea of which pertains to M. Hutchinson, and which has been modified advantageously by M. Spencer Wells.

The first apparatus is composed of two pieces of wood, cut out in scollops on one of their sides, after the fashion of the enterotome of Dupuytren, and fastened at one of the ends by a hinge; at the other end there is a screw that allows them to be held close together.

M. Spencer Wells has substituted for the pieces of wood two plates of steel, that can be held together, more or less closely, by two screws placed in each end; by this plan the action of the two plates is parallel; the pedicle is tightened equally at all points, which was not the case with the wooden instrument, the compression of which being made at the sides of an angle was imperfect, and neither prevented the slipping of the pedicle nor the occurrence of hemorrhages from the side of this the least pressed.

The pedicle is then embraced by the two branches of this apparatus; if it is sufficiently long to allow it to be retained outside without its producing much traction, it is cut at the point of its insertion with the cyst; in the contrary case, the separation is made at the inferior portion of the cyst itself, so as to obtain by this artifice a more lengthy pedicle.

If this compression is to remain, it is placed transversely over the inferior angle of the wound, and ligatures to pedicle are dispensed with. This is the procedure when the pedicle has a considerable length. When it is short, it is necessary to fasten it in the wound, the surface of its section being even with the abdominal incision, and the compression is laid aside. In this case one or more strong ligatures are applied. The tumor is then separated, and the pedicle, secured from hemorrhage by compression or by ligature, remains in the inferior angle of the wound, together with the extremities of the ligatures applied to the vessels in the abdominal cavity, after the section of inseparable adhesions. The surgeon assures himself that there is no blood, water from the cyst, or other impurity, remaining in the abdomen; when that happens, it must be washed out carefully with fine sponges, saturated with warm water.

(*To be continued.*)

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South Carolina Medical Association.—At a meeting of the Executive Committee, held on Wednesday last, it was resolved to postpone, until some future time, of which due notice shall be given, the anniversary meeting of the Association. This, under ordinary circumstances, would take place on the 6th proximo. The present aspect of political affairs has, in the opinion of the Executive Committee, made this change advisable, and they earnestly request that the different papers of the State will kindly call the attention of physicians to the fact.—*Columbia Banner.*

Reduction of an Axillary Luxation by Professor Henry H. Smith's Method, after Failure by Extension.

By J. H. WILSON, M. D.,
Of Schnecksville, Pennsylvania.

About 10 o'clock A. M., February 3d, I was called to a farmer, strong and muscular, 66 years of age, who had luxated his shoulder by being thrown from his sleigh. Having no one to assist me but his wife and a little boy, I placed him on a bed and began to administer ether; but by the time he was nearly under its influence, throwing himself about, with his eyes wide open and fixed on me, his wife became alarmed, and begged me desist and wait until his boys came home. Having done so, the old man recovered from the stimulus of the ether, and said that rather than feel so bad again, he would have the arm reduced without being put asleep. I then placed him on the floor, sat down alongside of him, placed my foot in his axilla, and began to pull, but soon found I could do but little. I then had one of the sons to assist me, but without being able to overcome the muscles, the old man screaming all the time with pain. He now begged for the ether, even if it killed him. I then used ether and chloroform, in the proportion of one part of the latter to three of the former, by weight. After he was fully insensible, I flexed the fore-arm at a right angle with the arm, raised the arm until the elbow was about five inches above the level of the inferior edge of the glenoid cavity, and, using the fore-arm as a lever, rotated the head of the humerus upward and backward, until the palm of the hand looked almost directly upward, the patient being held up on a chair; then bringing the elbow to the side and slightly across the body, gave the fore-arm a reverse motion, until the palm of the hand looked toward the belly, when the bone slipped back into the joint without the least trouble.

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Appointments.—The following judicious appointments were made recently by the Judges of the Court and Guardians of tho Poor of Schuylkill county, Pa.:

D. Webster Bland, M. D., Physician and Surgeon of the Almshouse.

Jno. G. Kœhler, M. D., Consulting Surgeon to Almshouse.

The qualifications of these gentlemen are well known to the public, and will entitle them to the eminent position assigned them.

Therapeutical and Pharmaceutical Notes on Cimicifuga.

By EDWARD PARRISH.

At the risk of being charged with traveling out of the legitimate sphere of the pharmaceutist, I offer to the profession the following notes on one of the most valuable of our indigenous drugs.

The recent admirable remarks on cimicifuga, by Prof. Simpson, of Edinburgh, published in the London *Medical Times and Gazette*, have reminded me of several unpublished cases, in which it has been used with great success. One of these occurred in the practice of my friend and pupil in pharmacy, Dr. Charles Schaffer, who employed the resinoid active principle, known in commerce as cimicifugin, at my suggestion, in an anomalous case, which, with the other treatment, I shall describe as related to me.

The patient was a lady of about forty-six years of age, thin and anæmic, of highly nervous temperament, yet so weak as to be unable to walk a quarter of a mile without suffering great fatigue; her appetite was exceedingly poor, almost amounting to loathing of food; she often ate nothing at breakfast and but little at other meals; her urine was observed to be frequently loaded with uric acid and urate of ammonia, especially after undue exercise. She had been partially in this condition for a number of years, but within the few months preceding, suffered from the additional trouble of wakefulness, which now amounted to a serious matter, as she would sleep but three or four hours out of the twenty-four, and, of course, suffered the consequences; this last symptom had, probably, some connection with mental disturbance, caused by the recent death of an intimate friend.

For these symptoms, and especially the great lassitude and weakness, she was freely treated with tonics and stimulants, such as proto-carbonate of iron and quassia, and, at bed-time, Dover's powder, etc., with very partial success, the morbid vigilance seeming to be aggravated by the stimulating action of the opiates, although sleep was frequently obtained the next day as a result of the great weariness. Valerian, asafœtida, chloroform, ether, and conium, were also resorted to, with neither complete nor permanent success; chloroform gave the best results of any of the sedatives, but it produced such nausea that the patient was obliged to discontinue it. Sponging with whisky and the

use of syrup of wild cherry, with small doses of hydrocyanic acid, at retiring, were the most effectual palliatives for the wakefulness, and the use of solution of caustic potassa diminished the urinary deposits; but there was felt to be a want of some remedial agency to reach the *cause* of the unusually persistent symptoms. The resin of cimicifuga was employed to this end, beginning with quarter-grain doses, three or four times a day, according to circumstances; this, though occasionally producing headache, was immediately successful, inducing quiet sleep, restoring the appetite, and gradually diminishing the urinary deposit.

Iron, which had been used at intervals from the first, was now combined with the resin; the health of the patient continued to improve; at the date of this information she could walk a mile or more without unpleasant fatigue; loses but one or two hours of the nine or ten allotted to sleep, and that from the habitual dread of wakefulness rather than from any physical cause.

The results, in this case, seem to indicate a trial of cimicifuga in anomalous cases of nervous disorder resisting ordinary stimulant and sedative treatment, and the many cases of chorea and rheumatism on record in which it has been found effectual, the testimony now coming across the water from the distinguished Edinburgh Professor, who has used it successfully in puerperal hypochondriasis, must draw increased attention to it as filling up a gap in the materia medica. Of the drug itself too little is known by practitioners, who, in their daily rounds, pass by its nodding racemes projecting above the fence tops, from Canada to Florida, without the least chagrin that some of its most valuable adaptations should be first brought to notice in a foreign land. This root is well described by Dr. Wood in the Dispensatory, but one remarkable character has not been mentioned in any of the descriptions which I have seen; it is the peculiar appearance of the cross section of the rootlets; owing to the irregular shrinkage of the central ligneous portion, which is of a light color, while the external layers are nearly black, the fracture displays a star-shaped or lobed figure, frequently with five divisions, though sometimes with three, and often four resembling the Maltese cross. The rough and contorted head forms by far the largest part of the drug as found in the shops; it is hard and resinous, and possesses a peculiar though not very strong odor, which is lost by age and deterioration. This drug is so little called for in the shops that it is generally laid away on a shelf till it is perhaps covered with mould, and has lost any volatile ingredient which may be supposed to add to its efficiency. Let this fact have its weight in estimating its efficiency from past experience.

The preparations in use are the powder, very ineligible, requiring to be given in 20 to 60 grain doses. The tincture which, though not officinal, is made usually in about the proportion of two ounces to the pint of diluted alcohol, and given in a dose of a teaspoonful or more. The fluid extract which, like most of this class of prepations, is designed to represent the drug in the proportion of a fluid ounce to each ounce, and is appropriately given in the dose of 30 drops. The solid extract, which is also unofficinal, and seldom met with, is well adapted to the pillular form, eight grains representing a drachm of the root; dose 3 to 8 grains.

The so-called active resinoid principle cimicifugin or macrotin. as called by some manufacturers, originated with the Western School of "Eclectics," who carry a certain method of preparation to a ridiculous extreme, using it for nearly all drugs. This method consists in thoroughly exhausting the drug by strong alcohol, concentrating to a syrupy consistence, and precipitating by water; a process which seems well adapted to this and several other drugs. As thus prepared, cimicifugin is a dry, insoluble powder, active in doses of a quarter to half a grain, sometimes increased to one grain, and, excepting in the partial loss of the volatile odorous principle, it seems a good representative of the root itself.

☞ *A New Sanitary Association.*—An eminent sanitarian, of this city, has started the project of a local sanitary association, and has been seconded by a number of those interested in sanitary science. The society is not designed to be a strictly medical organization, but to be composed of persons generally who are devoted to the study and practical application of public hygiene.

The need of such an institution in Philadelphia, notwithstanding the present high sanitary condition of the city will be admitted, and the organization in a society of the most eminent sanitarians in this country, cannot fail to be a great gain to a department of science, which has, within a short period, become a specialty of world-wide interest. Such associations already exist in the European capitals, and also in Boston and New York. The project will, of course, meet with favor from the profession, and when its designs are understood, will be viewed by the public as a measure of great importance, and have its due influence on the municipal administration.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

MEDICAL DEPARTMENT.

Service of Dr. Gerhard.

ANEURISM.

Subsequent History of the Case of Aneurism, reported January 12th, (see p. 394,) with post mortem appearances; illustrated by a wood-cut.

January 26th.—For the past few days, the patient has been suffering intensely; has had very great difficulty of respiration. There has been a change in the physical condition of the tumor within a day or two in consequence of the intense dyspnœa from the disorder of the lungs. The whole character of the tumor has changed. It is more prominent on one side than upon the other, showing that it is thrust forward, and that its topographical relations are altered to some degree; there is, however, not that prominence which would show an imminent danger of perforation externally, whatever may be the case internally.

He is in constant suffering, which cannot be relieved, though he is taking morphia as a narcotic, and carbonate of ammonia as an expectorant. The peculiarity in this case is, that after using the medicine a few days with advantage, it seems gradually to lose its efficiency.

The difficulty continued to increase, and finally the patient died, not from rupture, but in consequence of the pressure exercised by the tumor.

During his last hours, he was obliged to lie in a peculiar twisted condition on one side.

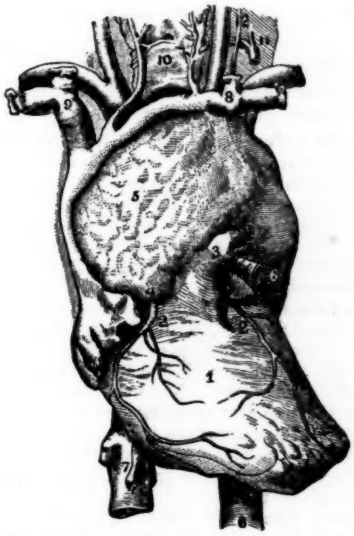
The aneurism pressed upon the trachea, from behind, bringing together the two opposite surfaces of the lining mucous membrane; this was followed by an ulceration, which is nearly an inch in diameter, deep seated, running down through the membranes. It did not destroy the rings of the trachea, except in one portion at the very extremity, though the ulceration is posteriorly where the rings do not exist. There was reddening of the whole trachea, but no lymph, except at the point of ulceration.

The heart presented but little alteration externally, except evidence of a slight attack of pericarditis. There was a tolerably old false membrane in the pericardium. Adhesions existed nearly all over the heart.

The aneurism was in the arch of the aorta, and extended from just above the point of origin, above the coronary arteries, reaching up to the space of eight inches in height, while its transverse diameter measured nearly seven inches. The innominata was somewhat enlarged, as also upon the other side were the subclavian and carotid.

The whole aneurismal sac contained a vast quantity of coagulum. The internal surface was covered all over with a membrane, part of the coagulum adhering closely to it, having probably undergone some degree of organization. There were patches of lymph scattered over the surface of the clot which was almost organized.

The tumor in front had produced erosion of the ribs; of these, the third was eaten through, and the second to a certain degree, while the fourth rib also was slightly touched, forming an extent of erosion two and a half inches in length and breadth. There was also some degree of erosion on the vertebræ.



Explanation of Cut.—1, heart; 2, coronary arteries; 3 pulmonary artery; 4, commencement of aorta, natural size for about an inch, then bulging out into 5, the aneurismal sac; 6, 6, descending and abdominal aorta; 7, vena cava ascendens; 8, junction of jugular and subclavian vein, and commencement of vena innominata; 9, right vena innominata; 10, trachea; 11, thoracic duct; 12, pneumogastric of left side, cut away, as it runs over the aneurismal tumor.

The above cut represents very accurately the appearance of the parts in situ. We are indebted for it to the artistic skill of Dr. Chas. A. McCall, resident physician of the Pennsylvania Hospital. It is accurately reduced, so as to represent the exact proportions of the parts.

SURGICAL DEPARTMENT.

Service of Dr. Pancoast.

HYDROCELE—TAPPING—CLINICAL REMARKS.

The man in whom this occurs has been tapped every four or five months for the past six years, but has always been unwilling to undergo an operation for its radical cure. He loses, on an average, half a pint of fluid each time, his system not appearing to suffer. Generally, however, the necessity for the repetition of the palliative operation of tapping increases as the disease advances, and from being drawn off every five or six months, the water requires to be evacuated every two or three months, which will result in a diminution of the patient's general strength and health. Sometimes persons get so accustomed to their hydrocele that they think nothing of tapping themselves. Dr. Pancoast related the instance of a man who had tapped himself for hydrocele 120 times, and when he saw him, though he was an aged man, he could count as many scars, for which there was room from the continual enlargement of the scrotum.

The blood-vessels had become enlarged, especially the external pudic artery, to two or three times the natural size, and, in tapping himself the last time, he put the lancet crosswise and cut off one of the enlarged external pudic arteries; consequently the scrotum became filled with blood; blood was extravasated into the surrounding cellular tissue down the region of the thigh, and the whole parts became as black as the skin of a negro.

The patient was given anodynes and diaphoretics, and being an old and feeble man, he was given rather stimulating remedies.

He was confined to his bed for six weeks, and, ultimately recovered, his hydrocele radically cured. Fortunately, the parts did not suppurate or he would have lost his life.

It is often a question whether there is any risk in drawing off the water from the hydrocele of an old man.

There is some risk, for from simple tapping inflammation and sloughing has sometimes occurred; inflammation of a peculiar kind, which has been well described by Liston as inflammatory œdema of the scrotum, in which the liquor sanguinis of the blood is poured out, filling up all the tissue, and all the areolar structure, and which condition can only be relieved by broad incisions, especially in the septum scroti.

Dr. Pancoast relies much upon iodine injections into hydroceles of old men, having never seen bad consequences follow this method.

Sometimes a simple tapping, where injection is not practiced, will produce death from sloughing.

Dr. Pancoast mentioned a case that occurred in the early part of his career, where being called to a case of hydrocele in an old, feeble man, he proposed to tap, followed by injections, but, some indisposition ensuing, the operation was postponed, and, leaving town, another physician was subsequently called to the case and tapped the hydrocele; so much inflammation ensued that the whole of the walls of the scrotum sloughed away, leaving the testicles lying bare between his thighs; had an injection with iodine followed the withdrawal of the water, it might, perhaps, have prevented this result.

Suppose a man should have erysipelas following an injection of iodine? Erysipelas, elsewhere, is often treated locally with tincture of iodine and with very favorable results. Hence the injection with iodine is not to be deemed any more hazardous than leaving it alone.

In performing the operation of tapping the scrotum the position of the testicle must be carefully looked for. Sometimes it will be found on the side, and sometimes on the back of the tumor, while occasionally there is more than one sac.

Dr. Pancoast had a case lately in which there were two on each side, one behind the cord and one before it, and he had to inject the scrotum in four different places.

PHILADELPHIA HOSPITAL.

MEDICAL WARDS.

Service of Dr. Da Costa.

February 9th, 1861.

PARALYSIS AGITANS FROM CEREBRAL DISEASE—REMARKS.

James Clifford, — years of age, entered the Hospital on the 24th of January, 1861. He had been sick then two months, having previous to that time been in good health, following his occupation as engineer.

Two months before his admission into the Hospital, he was attacked, at ten o'clock in the morning, after he had gone to work, with what he describes as shaking and something like a chill; the attack lasted about ten minutes; he remained in bed one day, and in the house three days, when he resumed his work, the chills not returning. The shaking and trembling, however, returned after four or five days, and has continued since.

One morning, when waking up, four weeks after this first attack, he suddenly found that he had partially lost his sight; he had been

seized with amaurosis; but he cannot remember that anything special happened during the night—no pain or unusual sensation. At about the same time, strabismus occurred in both eyes, somewhat more, however, in the right, than the left.

In this state he was brought in the Hospital, trembling, unable to hold his hands very straight, his fingers shaking. His gait is good, but not very firm; there is no disturbance of his digestive functions, with the exception of a tendency to constipation, which, however, is usual to him. Sensation is unimpaired.

Here, then, Dr. Costa remarked, we have a person, in good health, suddenly seized with trembling, particularly on one side, followed by loss of sight, strabismus. There must be some serious organic cause for all this, and it becomes necessary to examine the various organs carefully.

His lungs are perfectly clear on percussion; respiration is normal. Hence, these cannot be the seat of the affection.

The heart is perfectly normal.

The urine has been examined and found healthy; no disease whatever can be detected in any of the abdominal viscera.

It must hence be concluded that the affection under which the patient is suffering is not symptomatic—not a mere functional irritation, but that it is primarily connected with morbid changes in the nervous system.

The disease itself is called PARALYSIS AGITANS; but this is a bad term. There is no paralysis, but simply a loss of controlling muscular movements of certain parts, more or less, of the whole body. It is very similar and closely allied to chorea, and a rare disease, when it comes on suddenly and at the age of this patient. Paralysis agitans is an affection ordinarily encountered in very old persons, manifesting itself in various ways. In some patients, the trembling movements will be chiefly limited to the head, producing a continuous shaking; in others, the lower extremities will be principally affected, giving rise to a peculiar and quite characteristic gait, the patient leaning forward while walking; in others, again, the hands and fingers are seized; while in another class, we have all these combined in a greater or less degree.

The disease then consisting, not in a loss of power of muscular contraction, but in a loss of control over muscular movements, the question arises as to its pathology.

Clinical experience teaches that in some cases there has been a hardening of the spinal column, at its upper portion; in other post-mortem examinations, nothing abnormal has been found. Some French physicians, however, judging from clinical and physiological observation, look upon the disease as owing to an affection of the corpora quadrigemina. The present case would, in part, seem to bear out this latter theory: for, beside the paralysis agitanis, the patient has become amaurotic, and we all know the optic nerve at the origin to be connected with the corpora quadrigemina.

Assuming this view in the case as correct or not, can we go a step further and say what is the precise morbid change which has been taking place in the part of the brain affected? Is there a clot from apoplectic hæmorrhage, softening from disease of the blood vessels, giving rise to altered nutrition of the brain?

It is not very probable that the morbid change is owing to hæmorrhage, although the first attack seized the patient with apparent suddenness. The amaurosis did not come on until four weeks subsequent to the attack, while the patient was not seized with tremors until some time had elapsed. The history of apoplectic effusions is more sudden; it is followed by more or less true paralysis. Further, while such has not been the case here, on the 30th of January, the patient had a convulsion, followed by some stupor, but no foaming at the mouth, nor subsequent paralysis.

For these reasons, we may with propriety conclude that the disease consists in some morbid process in the brain itself, but had not its origin in a sanguineous apoplexy. Perhaps it was an effusion gradually traveling from the ventricles downwards, or a faulty nutrition of the organ, giving rise to disorganization of its substance; and if any blood is effused, it will be a secondary result, due to the altered disorganized condition of the brain substance.

The patient has thus far been placed under no particular treatment, save a blister at back of neck and a well-nourishing but unstimulating diet. Under this it is thought there has been some improvement, and that the patient is gaining ground.

A remedy, which has been very warmly recommended by Elliotson in these cases, is the carbonate of iron. We shall give it to this patient in the form of Vallet's mass, four grains three times a day. But the remedy should be used with very great caution, abandoning it as soon as it should cause headache or other symptoms of cerebral congestion. It will be very advantageous to keep his bowels open, and to purge them well from time to time, while a blister to the back of the head may serve a good purpose, as a counter-irritant.

MORBID SPECIMEN—ACUTE TUBERCULAR—INFILTRATION OF THE LUNGS.

The patient, a man about 30 years of age, came into the Hospital with pneumoni some months ago. He was treated, became apparently well, and was dismissed. Shortly afterward, however, at the time when Dr. Da Costa came on duty, he re-entered, affected with shortness of breathing. Physical examination revealed extensive solidification of the right lung, but whether this was owing to tuber-

cular infiltration or not could not be positively determined. He gradually became weaker and weaker; there was great prostration, dropsy supervened, and he died yesterday.

On examining the lungs removed, there is found a cavity on the top of the right lung, of considerable size, corresponding to a strong blowing respiration which had been heard during life. Throughout the whole extent of the upper lobe, this lung is found infiltrated with tubercle, and solidified by pneumonia. The left lung is perfectly healthy. Had the patient lived some time longer, tubercular infiltration in this lung would undoubtedly have taken place on this side as well as on the right. Another point of interest is the rapid acute tubercular infiltration, concurrent with or subsequent to pneumonia.

ASTHMA.

Mary B., 48 years of age, has been suffering for three years from repeated paroxysms of difficult respiration, accompanied by wheezing—asthma.

In the majority of cases, asthma, Dr. Da Costa remarked, is but a symptom: sometimes of disease of the heart, at other times it is a reflex phenomenon, a spasmodic affection of the muscular fibres of the bronchial tubes, from irritation of other organs, such as the uterus; and a third cause is found in organic changes of the lungs themselves, such as chronic bronchitis or dilatation of the air-cells, emphysema. Hence we should not treat merely the paroxysm, but the disease — the morbid condition which causes it.

In this case the disease came on rather suddenly three years ago, the patient having previously been in perfect health; she had never previously been suffering from shortness of breath, had no cough or cold at the time; menstruation had been regular up to that time, when it ceased.

On physical examination, now, the percussion over the chest, both anteriorly and posteriorly, is found clear. There are dry as well as moist mucous râles anteriorly and posteriorly, which entirely mask the vesicular murmur. Percussion is not excessively clear.

The râles on both sides indicate a diffused bronchitis, while their moist as well as dry character shows that the effusion is not very tenacious. From the signs, it is evident that, while the patient has a bronchitis, there is probably no dilatation of the air-cells. Were this the case we would have increased and exaggerated percussion-clearness. Still we cannot say positively there is much secretion, as the vesicular murmur is masked by the râles.

The heart-sounds are normal. There is no soreness or pain in the abdomen.

The treatment must depend upon the view we take regarding the cause of the disease. The bronchitis in this case appears to be the chief difficulty; to this may be added a tendency to spasm from uterine irritation. It is, however, to be borne in mind that the patient is at the age at which menstruation ordinarily ceases.

She will be ordered to take five grains of the iodide of potassium, with a teaspoonful of syrup of senega, and half a teaspoonful of the compound tincture of guaiacum three times a day. The senega will stimulate secretion from the bronchial tubes and promote expectoration; the iodide of potassium, while it will tend to reduce the chronic engorgement of the bronchial tubes, seems also to exercise in many cases of this kind a specific action upon the spasmodic tendency, and is used with much benefit; while the guaiacum will stimulate and regulate uterine function.

Counter-irritation in the form of dry cups, followed by a blister between the scapulæ, will also be ordered. We are thus not prescribing for a paroxysm of asthma, but for the morbid conditions upon which it seems to be dependent in this case.

CONGESTIVE HEADACHE.

In this case, which has been reported in our last number, the treatment with aconite, veratrum viride, and saline purgatives was resorted to and produced some amelioration, yet the headache still continued. Twelve ounces of blood were hence taken from the arm, and this has been followed by almost entire relief. He should now be put on proper preventive hygienic and dietetic regulations, so that he may in future be broken of his habit of bleeding. All stimulating food and drink should be avoided. His bowels should be kept open, and occasionally purged by saline cathartics.

Medical Societies.

MEDICAL SOCIETY OF THE STATE OF NEW YORK

Fifty-Fourth Annual Meeting.

FIRST DAY.

The New York State Medical Society convened in the Supervisor's Room, City Hall, at 11 o'clock, Tuesday morning, February 5.

PRESIDENT'S ADDRESS.

Dr. Daniel Jones, of Onondaga, the President, opened the meeting by reading the following address:

Gentlemen of the Society:—Allow me, upon taking the place so kindly assigned me by your

suffrages as President of this annual meeting, to return you my sincere and grateful acknowledgments.

I am well aware of the high honor which attaches to the presiding officer of the Medical Society of the State of New York, one of the oldest and largest institutions of the kind in our Union.

Words are too feeble to express my thanks, and I ask, you gentlemen, to aid me in the faithful discharge of the duties incumbent upon me, as the best and only return I can make you for the honor conferred.

The year past has been one of uninterrupted prosperity. Never have the people of our State had more abundant cause for thankfulness to the giver of every good and perfect gift than at the present time, for an abundant harvest and an entire exemption from malignant, epidemic disease.

No year has brought to our beloved State more of the blessings of civilized life, and none has been more exempt from the ills which flesh is heir to.

Yet such remarkable exemption from disease, nor the enjoyment of the thousand blessings consequent on this year of unparalleled prosperity, have been able to keep from the counsels of the nation discord and treason, proving the fact that nations, like individuals, become insane. I only remark, may the proper remedy be promptly applied, and this once blessed Union saved to ourselves, and children, and their descendants forever.

Your by-laws make it incumbent upon me to communicate to you the "condition of the medical profession in the State, with such suggestions in relation to its improvement," as I shall deem appropriate.

This has been so repeatedly and ably done by my learned predecessors, that I should only detain you from the execution of more important duties were I to enter into an extended notice of each of these subjects. I shall therefore pass them by, merely remarking that our Society has, within a few years, more than doubled the number in attendance at our annual meetings.

The medical colleges and periodical literature of our State are such as compare well with those of any other State, and are equal to the wants of the profession. The medical profession never stood on a firmer basis than now. Empiricism of the more prominent kinds are loosing their novelty, and its practitioners are being forced to add new articles to their creeds, to meet the exigence, and prevent their followers deserting for some new wonder. The American Medical Association, at its last meeting, had a long and able discussion on the best means of raising the standard of medical education.

They failed to agree upon anything definite, and left it, as best they should, to the laws of competition, which will, in a free country, produce in the end just that which the people want. Our profession, like every other, must and will have cheap men in it, and, of course, cheap schools to make them.

The attendance at our annual meetings have become so numerous that it is impossible for us, in a body, to give communications, submitted to us, the proper attention they should receive.

To obviate this difficulty I would recommend that the Society divide itself into two sections, one Medical the other Surgical, these sections to hold their sessions during the afternoon and evening. Each section to elect their own officers for the time being, and make its own by-laws or rules of order. All communications relating to either Medicine or Surgery, coming before the Society, shall by the presiding officer be referred to the proper section, by them to be heard, discussed, and reported upon, and, with their report, referred to the publishing committee by the Society—the ordinary routine business of the society to be transacted by the Society during its morning sessions.

This division of labor was adopted at the last meeting of the American Medical Association, and gave, I believe, universal satisfaction, as they were enabled to give that kind and amount of attention to articles which their authors desired. Intelligent legislative liberality has given to the transactions of this Society a wider circulation than those of any other medical publication within our State; it, therefore, becomes our duty to watch with care, that nothing extraneous gets into them, to swell their size and destroy their value. The last two were, in this respect, improvements on their predecessors. An application to the Legislature, for specification, should, if possible, be avoided. Resolutions and votes of thanks, for new discoveries in medicine, or improvements in surgical apparatus, should never be passed. I would suggest, in view of the numerous accidents in our country from steam boilers, steamboats and railroads engines, whether spirituous liquor, adulterated or unadulterated, have not some agency in producing some of these accidents, and whether the chances of their occurring would not be diminished if all engineers and conductors were temperate men?

I would now annonnce to you that the Society is duly organized and ready for business, and, as the first business in order, I would announce the following gentlemen as a Committee on Credentials: Drs. S. D. Willard, M. M. Marsh, J. G. Adams; and the following gentlemen to compose the Nominating Committee:—

1st	District—	John McNulty.
2d	do	H. A. Carrington.
3d	do	T. C. Brinsmade.
4th	do	Hiram Corliss.
5th	do	A. Van Dyck.
6th	do	C. S. Wood.

7th District—Charles Van Anden.
8th do C. E. Gay.

The Secretary read a communication from the Secretary of the State Medical Society, informing the Society of the appointment of delegates to the annual meeting of the New York State Society.

DELEGATES FROM CONNECTICUT.

Dr. T. C. Brinsmade announced that he had the pleasure of saying that Dr. Ashbel Woodward, President of the Connecticut Medical Society, and Dr. Benjamin H. Catlin, ex-President, were present as delegates from the Connecticut Society, and, therefore, offered the following:

Whereas, The State Medical Society of Connecticut has appointed a delegation from their body to meet with this Society at its present session, consisting of Dr. Ashbel Woodward, Dr. Benjamin H. Catlin, Dr. Hastings, and others, and as these gentlemen are now present,

Resolved, That they be cordially received by this Society and invited to participate in its deliberations.

The preamble and resolution were adopted.

Drs. Woodward and Catlin then took seats in the Convention, and were received with applause.

Dr. Alden March moved that the Committee on Credentials be requested to invite all physicians present to attend the meetings of the Society as Honorary Members. Agreed to.

Dr. T. C. Brinsmade, with a view to reciprocate the kind feeling of the Connecticut Medical Society, moved that the Nominating Committee be directed to name eight delegates to attend the next meeting of the Connecticut State Medical Society, two delegates to be selected from each Censorial District. Agreed to.

COMMISSION OF LUNACY.

Dr. L. B. Cotes offered the following:

Whereas, The subject of the establishment of a State "Commission of Lunacy" has been in agitation by this Society for the last two years, and that it requires certain legislation for its accomplishment; and,

Whereas, A bill is now before the Senate waiting the further opinion of the profession in relation to its merits; therefore,

Resolved, That the State Medical Society, at its annual meeting, recommend prompt action of the Medical Committee in the Senate, in reference to obtaining the final passage of the bill; and that the members of the Society now present use their influence, individually, with the respective members of the Legislature of their acquaintance to effect this object.

Resolved, That a Committee of three be appointed to meet and confer with the Senate Committee, at their meeting to be held Wednesday afternoon, and present these resolutions, signed by the President and Secretary.

The resolutions were adopted, and Drs. Cotes, Thorn, and C. B. Coventry were appointed such Committee.

Dr. McNulty suggested that the Committee examine the bill and report it to the Society on Wednesday morning, with such alterations or amendments as they may deem advisable.

CASES AND PAPERS—PLACENTA AT TWIN BIRTH.

Dr. J. V. P. Quackenbush presented to the Society a single placenta of a twin birth, the two cards being inserted within an inch of each other, and were *forty-seven* inches long. The placenta measured nine inches in diameter. The children were both within the same membrane.

Dr. A. Van Dyck read a paper entitled "Inversion of the Uterus," which elicited general discussion, in which Drs. C. A. Lee, Quackenbush and others participated.

MERCURY IN ACUTE PERICARDITIS.

Dr. Vanderpoel read a paper on the above subject. The author controverts the views of Latham, Fuller, and Hope, who recommend mercury in the treatment of acute pericarditis, as based upon erroneous principles. There is no analogy, as far as therapeutical results are concerned, between acute pericarditis and iritis, while the order of symptoms, the conditions in which it occurs, and the efforts of recuperation in the former disease, forbid the use of depressing agents, such as mercury.

SUSPENDED ANIMATION—RESUSCITATION BY MARSHALL HALL'S METHOD.

Dr. J. G. Adams communicated for Dr. T. G. Thomas a detailed case of resuscitation by Marshall Hall's method. It occurred in a woman, twenty-three years of age, an inmate of Bellevue Hospital. She had been suffering from violent hysterical convulsions of an epileptiform character, with partial hemiplegia. During one of the convulsions, January 30, Dr. Thomas resorted to chloroform. After about four or five minutes from the commencement of its administration, about two or three drachms having been used, animation was suddenly suspended, respiration and the heart's action ceased. Marshall Hall's method was immediately resorted to, and continued for twenty minutes, when a slight flutter of the pulse was detected. The efforts being continued, the heart gradually resumed its function, and under the ready method and the application of the galvanic battery to the muscles of respiration, respiration soon commenced, and the patient was restored. Dr. Thomas justly ascribes the fortunate issue of the case to the "Ready Method," which should be immediately and persistently resorted to in all such cases. It was afterwards found that the patient had a distinct bruit due to roughness or insufficiency of the aortic valves.

TREATMENT OF FRACTURES OF THE FEMUR BY SIMPLE EXTENSION.

The design of this paper, by Dr. Swinburne, is to place in a more prominent light this mode of treatment.

It may be briefly described as follows:—The patient is placed in bed, and a broad, well-padded perineal belt adjusted and secured to the head of the bedstead; and no splint at all is made use of, as the powerful muscles and fascia that envelope the femur are amply competent to support and fix the bone. The pelvis being thus fixed by the perineal belt, extension is obtained by means of adhesive strips secured to the leg. The plasters are applied along the outside of the leg, descending spirally, protruding so as to form a strong loop under the sole of the foot, and then extending up on the inside of the leg. These strips are not applied one directly over the other, but at small distances apart, so as to embrace a larger surface of the leg, thus equalizing the tension upon the integument. Then a number of shorter strips are applied in a manner similar to the many-tailed bandage, surrounding and securing the long plasters.

A strong cord is then passed through the loop of plasters and secured to the foot of the bedstead. The simplicity of this method is a strong recommendation. There are many occasions when a Liston splint, or any other, can be obtained only with difficulty; in this method nothing is required but ordinary adhesive plaster, and an old sheet or rope will furnish the rest.

The patient can move in bed, as much as is necessary, with greater freedom than when embarrassed by a long splint, and with really less danger of displacement. The seat of fracture can be examined at any moment without having a long bandage to unroll, and wet cloths or other local applications can be used with as great facility as if the limb were well. The advantages of this method of extension are best manifested in compound fractures; the wound of the muscles and integument is as perfectly accessible as if it were not complicated with a fracture. Perfect cleanliness may be preserved, which it is impossible to obtain when the splint and bandage are used, without much trouble.

The limb can be measured as often as is desired, and the amount of extension regulated accordingly by merely tightening the cord which secures the foot to the end of the bedstead. The circulation is not interfered with, as is often the case when the splint and roller is used: and, what is of greater importance, the patient is far more comfortable than when trammeled by the usual dressings.

There is less danger of sloughing of the heel or malleolus, a complication by no means seldom met with under the usual treatment, because here there need be no pressure upon the prominent bony projections, either from the bed or the dressings; and, with regard to the perineal belt, the chances of excoriation are not greater than when the long splint is employed. In fact, the line of traction in the latter case, being more oblique, has greater tendency to press the upper part of the thigh outward, and is consequently more painful than when the force is applied more directly to the pelvis, which effect may always be obtained by a proper adjustment of the perineal belt.

One other, and not the least, advantage is, that in this form of treatment there is no agglutination of the muscles to the bone, or each other, and consequently no stiffening of the limb from that source; and, as soon the bone is strong enough to bear the weight of the patient, the muscles are ready to do their part in the locomotion.

One objection, and, by-the-way, the only one which possesses a show of validity, has been made, that the foot is liable to evert or invert; but a single moment's reflection will satisfy any one that no great ingenuity is required to avoid this: a bag of sand or bran on either side of the foot, or a strip of plaster or of cloth, any of these simple means can be so employed as to maintain the foot in a proper position.

But little extension is necessary during the first stage of treatment. To prevent perineal excoriations, and accustom the patient to the necessary pressure when union is taking place, little more is essential, at first, than what is required to overcome spasmodic, muscular contraction and displacement of the fractured ends. When the process of reparation has been thoroughly begun, even after the provisional callus has been thrown out, or at all events has begun to form—say a period of fifteen days—there is time enough to use extension for the purpose of acquiring the necessary length of the limb. In this way the patient has an opportunity of becoming accustomed to the confinement, and the parts where the pressure falls become inured and hardened, and thus better prepared for the necessary extending force.

The efficacy of this treatment, like that of many and all others, is to be tested by its practical results. From an experience of ten years, Dr. Swinburne concludes that there is no method more reliable than this.

By this method there have been treated twenty-five cases, ten of which were hospital, and fifteen were private patients. Of the latter, six were intra-capsular.

In the case of hospital patients, records have been kept, more or less full and perfect; and from these records the following cases have been quoted, as illustrating fairly the results of this practice.

Hospital Record.—Case 97.—William Graham, aged 26, (Ireland,) was admitted June 15, 1853, with fracture of the right femur. Extension and counter-extension made by perineal belt and adhesive strips to leg. After seven weeks and

two days, extension discontinued; was discharged with a sound limb, only half an inch short, after a treatment of not quite nine weeks.

Case 106.—Martin Connor, aged 35, (Ireland,) admitted August 3, 1853, with fracture of the right femur, a trifle below its middle, and also fracture of the fibula, two or three inches above the malleolus. Extension and counter-extension by perineal belt, and adhesive strips to the leg. On the 1st of September, the case passed into the hands of a surgeon, to whom this method of treatment was distasteful. After a period of six weeks and three days, extension was discontinued, and the leg found to be half an inch short. The patient was discharged, cured, after having been under treatment seven weeks and five days. It is probable that in this case the extension might have been made sufficiently to have prevented the half-inch shortening.

Case 108.—August 12, 1853, admitted Stephen M. Wiggins, aged 21, with fracture of the left femur at its lower third. On the 1st of September, this patient, like the last, passed into other hands. Extension was discontinued, and the limb found to be less than half an inch short. After a period of seven weeks and three days, patient walked with crutches. October 14, patient's cane slipped, and his entire weight falling upon the injured leg, the callus was broken up. Liston's splint was then applied. November 10, four weeks after the second fracture, long splint removed, and pasteboard splints and rollers applied. November 14, walked with crutches, and November 22d discharged cured, with leg half an inch short, fifteen weeks after the first, and six weeks after the second fracture.

Case 135.—January 5, 1854, admitted John A. Pitcher, aged 21, (Germany.) Patient met with a fall of thirty feet, fracturing the femur at its middle; also the left tibia and fibula at their lower third; extension by perineal belt, and adhesive strips at the lower part of the thigh, just below the patella. Strips were also applied to the lower part of the leg, forming a loop under the sole of the foot, upon which extension was made, merely sufficient to maintain the fractured ends of the tibia and fibula *in situ*, the principal extension being between the perineal belt and the lower end of the thigh. Feb. 14, six weeks lacking two days from the date of the accident, the extension was discontinued. Feb. 23, patient was discharged cured, having been under treatment seven weeks. According to the records, the foot was a little everted, which might readily be accounted for by the complicated nature of the case. No mention is made of any deficiency in length.

Case 139.—February 22, 1854, admitted James McKenzie, aged 16, (Scotland,) with compound fracture of the left femur, through its middle. Extension and counter-extension by perineal belt, and adhesive strips to leg. In consequence of the fact that the other thigh had been fractured previously, and was three-quarters of an inch short, the extension, in this case, was only made sufficiently to accommodate the length of this leg to the other. April 3, after six weeks, lacking two days, extension was discontinued, and May 1st patient was discharged cured, with legs of equal length, having been under treatment ten weeks, lacking two days.

Case 206.—February 13, 1855, admitted Mary Petit, aged 24, (Ireland,) with fracture of the left femur, at its lower third, by a fall upon the sidewalk. The bone had for a long time been diseased, fistulous openings having appeared from time to time, leaving cicatrices, some of which still remain. Near the site of the fracture was a fistulous opening, through which was detected carious bone. Extension made by perineal belt, and adhesive strips. April 17, nine weeks from the date of fracture, extension was discontinued and union found pretty firm; the fistula remaining open, and necrosed bone escaping occasionally, patient was not discharged until June 17, two months after. The case was then as complete as could be hoped for.

Case 250.—July 19, 1855, admitted Wm. Malloy, aged 18, (Ireland,) with fracture of left femur at its upper third. Extension and counter-extension made by perineal belt and adhesive strips. September 10, eight weeks, lacking two days, from the time of injury, extension was discontinued. September 22, nine weeks and two days, patient discharged cured. Record says nothing as to length of injured limb.

Case 340.—February 3, 1857, admitted John Levine, aged 19, (Ireland,) with fracture of femur through its middle. Extension and counter-extension by perineal belt and adhesive plaster. March 7, five weeks lacking three days, extension discontinued, and leg firm, with no distortion.

Case 400.—November 7, 1857, admitted Wm. Devine, aged 30, (Ireland,) with fracture of femur near its middle. Extension and counter-extension by perineal belt and adhesive strips. December 25, seven weeks after injury, extension was discontinued. January 14, discharged cured, with no perceptible difference between the sound and injured limb, as regards shape or length, having been under treatment nine weeks and five days.

Case 457.—June 24, 1858, admitted James Linan, (U. S.,) aged 13, with fracture of right femur through its middle. Extension and counter-extension by perineal belt and adhesive strips. August 23, nine weeks lacking three

days from the date of the injury, patient was discharged cured with a perfect limb.

Beside these cases treated in the hospital, the following are alluded to, which all occurred in private practice.

J. E., aged 42 years, oblique fracture of upper third of femur; much contused; extension six weeks; discharged in ten weeks. Limb little less than half an inch short.

J. F., aged 30, contusion of soft parts and fracture of upper third of femur; railroad accident; extension discontinued in six weeks. Patient walked to office with crutch and cane from Greenbush, in eight weeks from the date of the accident. No distortion or shortening.

O. H., aged 14, fracture of lower third of femur; extension discontinued in four weeks; pretty firm; union in three weeks; walking with cane and crutch in six weeks; no distortion or shortening.

P. R., aged 9 years, fracture of upper third of femur; union firm in three weeks; extension discontinued in four weeks; walked with cane and crutch in six weeks; no distortion or shortening.

F. Mc., aged 18, fractures of femur tibia and fibula; treated as described in hospital patient, with like accident; union firm in four weeks; extension discontinued in six weeks; walked with cane and crutch in eight weeks; no distortion or shortening.

J. C., aged 40, compound fracture of upper third of femur; union firm in six weeks; walked in nine weeks; no distortion or shortening.

P. F., aged 32, fracture of middle third of femur; union firm in five weeks; walked in eight weeks, with crutch and cane.

McW., aged 9 years, fracture of lower third of femur; union firm at three weeks; extension discontinued in four weeks and three days; no distortion or shortening. This patient is now under treatment.

All of these cases were treated as above described. In but one of them was there visible shortening, nor was there any distortion of the thigh; no eversion or inversion of the foot. The average period of time during which extension was maintained was five weeks; and in the majority of cases, union was tolerably firm at the expiration of *three* to *four* weeks, varying according to the age of the patient, and the nature of the injury.

In addition to the above were six cases of fracture, within the capsular ligament, occurring in patients, most of them over sixty years of age, and all treated by this method of extension, with results much better than could be expected, and which it would have been vain to expect under the usual treatment.

MEDICAL EDUCATION.

Dr. Howard Townsend, of Albany, read a report from the Committee on the subject of Medical Education, in which they take strong ground against the idea of conferring a second degree. Referred to the Publication Committee.

Dr. Vanderpœl moved that the report be presented to the American Medical Association at its meeting to be held in Chicago, as the expression of the views of the New York State Society, on this subject. Agreed to.

MISCELLANEOUS BUSINESS.

Dr. Vanderpool moved the appointment of a Committee of Three to invite the medical gentlemen of the Legislature to take seats as Honorary Members. Adopted, and Drs. Vanderpœl, C. S. Wood, and U. Potter named as the Committee.

Dr. Brinsmade moved the appointment of a Committee of Three to take into consideration the suggestions and recommendations of the President, as embodied in his Inaugural Address, and report the same as early as practicable. Agreed to; and Drs. Griscom, Brinsmade and Beaty appointed such Committee.

The Treasurer, Dr. J. V. P. Quackenbush, presented his annual report, by which it appeared that the receipts for the year 1860 were $216 15, and the disbursement $71 74, leaving a balance in the hands of the Treasurer of $144 41.

The report was accepted and referred to Drs. Corliss, Bly, and Adams, for examination.

Dr. March offered the following:

Resolved, That the delegates to the State Medical Society of Connecticut be invited as guests of this Society, and that the Secretary be authorized to provide suitable quarters for them at Congress Hall.

Dr. Adams read a series of resolutions adopted by the New York Medical College, relative to the publication of cases and operations in the daily prints. Referred to the Committee on Publication.

The Committee appointed to examine the Treasurer's accounts, reported that they had examined the same and found them correct. Accepted.

SECOND DAY.

SECRETARY'S REPORT.

The Secretary, Dr. S. D. Willard, stated that he had received letters from Drs. Alfred Stillé, of Philadelphia, George Mendenhall, of Cincinnati, J. Mason Warren, of Boston, Warren Stone, of New Orleans, Benjamin Hopkins Catlin, of Connecticut, severally acknowledging their estimation of the distinction conferred upon them by their election to honorary membership, and expressing their kind wishes for the continued prosperity and usefulness of the Society.

The Secretary also announced that the Society was represented by nearly a full corps of delegates as the American Medical Association, at New Haven, in June, 1860, and that he dis-

tributed among the members of the Association seventy-five copies of the Society's transactions, so that copies reached every State represented in the Association; and that he believed these distributions in Washington and Louisville had a most favorable influence in extending the reputation of the Society, and that there are but few States in the Union from which he did not have application by letter for these volumes.

The Secretary further stated that the Transactions had been distributed to the various Societies in the State, as nearly *pro rata* to their representation as could be easily devised; that this distribution did not supply each member of the several County Medical Societies, but that the number printed for the use of the Society would not allow such a distribution.

Dr. Willard stated further, that for two or three years past, his office had been crowded by the papers and volumes of the Society, and that he had attempted to remove this inconvenience, and arrange more carefully the archives of the Society by purchasing a bookcase for their reception, which he had been kindly allowed to place in the private room of Professors McNaughton and Townsend, at the Medical College, where, henceforth, the papers of the Society may be found.

MEMOIR OF DR. CASPER VAN WIE BURTON.

Dr. S. D. Willard presented a biographical memoir of Casper Van Wie Burton, of Lansingburgh. Dr. Burton was born in this city, July 15th, 1810. At the age of 17 years he went to learn the business of book-binding, and subsequently removed to Troy for the purpose of prosecuting it more successfully. He also became extensively engaged in the publishing business, under the firm of Tuttle, Belcher & Burton, and a part of this time he was connected with the editorial department of the Troy *Morning Mail*. Soon after, circumstances induced him to begin the study of medicine, as a pupil of Dr. Thomas C. Brinsmade. He attended lectures at the Albany Medical College, and received his Degree in Medicine at that institution in 1842, when he had nearly completed his thirty-second year. He remained in Troy about a year, when he removed to Lansingburg. He soon became associated in business with Dr. Leonard, a relation that existed for eight years. He devoted himself to study constantly, and occasionally contributed articles to medical journals. In 1853 the degree of Master of Arts was conferred upon Dr. Burton, by the Rochester University. In 1857 he occupied the Presidency of the Rennsselaer County Medical Society, and the same year was elected a permanent member of the State Medical Society. In 1853 he had been made a corresponding vaccinator of the London Vaccine establishment, and in 1857 an honorary member of the New York Chirurgical Society. He died of diphtheria, September 23d, 1860.

PAPERS PRESENTED AND COMMUNICATIONS RECEIVED.

Dr. Alden March read a paper entitled "Compound Comminuted and Complicated Fracture of the upper end of Tibia." Referred.

A communication was received from the Medical Society of the County of Chenango, and read before said society by E. S. Lyman, M. D.

A communication was likewise received from the Medical Society of the County of Herkimer.

Dr. Bissell then read a paper on "Dermic Medication." Referred.

Dr. John G. Adams read a paper entitled "Statistics of Suicides in the City of New York, 1859 and 1860." Referred.

Dr. Downs read a paper entitled "Poisoning by Corrosive Sublimate." Referred.

Dr. T. C. Finnell read a paper entitled "Suicide, with Pathological Specimen." Referred.

Dr. Finnell presented the list of the members of the Medical Society of the County of New York. Referred.

Dr. McNulty read a paper entitled "Traumatic Tetanus."

The secretary presented communications entitled as follows:—

"Two Pair of Twins within One Year and Five Days," by Dr. Barrows.

"Suspected Poisoning," by Dr. John Gay Orton.

"Bleeding in Cerebral Diseases," by Dr. S. O. Vanderpoel.

"Rupture of the Uterus," with an account of three cases, by Dr. G. J. Fisher, of Sing Sing, N. Y.

"Diphtheria," by Dr. Ferris Jacobs.

"History of Madison County," by Dr. A. L. Saunders.

"Diphtheria," by Dr. W. Potter.

"Rupture of the Womb, complicated with Strangulated Umbilical Hernia, in a state of Gangrene."

Dr. Joseph C. Hutchinson read a paper on the "Exsection of Portions of the Eighth, Ninth, and Tenth Dorsal Vertebræ." Referred.

Dr. H. also presented a commnnication from the Kings County Medical Society. Referred.

Dr. Bly read a paper on "Artificial Limbs." Referred.

Dr. Elisha Harris read a very interesting report on "Medical Hydrography." The report concludes with a series of resolutions, providing for the continuance of the committee recommending the Legislature to provide a comprehensive and effectual system of inquiry and advice upon subjects relating to the public health; that, providing the subject is not definitely acted upon by the present Legislature, the Committee on Medical Typography and Climatology to cause to be prepared a suitable outline of points that should be included in such a sanitary code as would provide for the general interests of public salubrity throughout

the State, and to submit the same to this society at its next annual meeting.

The resolutions were adopted.

Dr. Edward H. Parsons, Vice-President, addressed the society on "the use of opium and preparations made from it." The remarks of Dr. P. were in the highest degree interesting.

Quite a discussion ensued, during which some startling statements were made relative to the use of this drug.

REPORTS OF COMMITTEES.

Dr. Squibb read a report from the Committee to devise some means for controlling the use of adulterated medicines. Accepted.

Dr. S. also read a report of the delegation of the New York State Medical Society to the fourth decennial National Medical Convention for revising the United States Pharmacopia. Accepted.

Dr. Cotes, from the Committee on the Commission of Lunacy, reported that they had carefully examined an act relating to this subject referred to them, and recommended that the twelfth section in said act should be stricken out.

Dr. Ranney addressed the society on the subject, and submitted a bill for the consideration of the members.

Dr. Sayre, after debate, offered the following:—

"*Resolved*, That the report of Dr. Ranney, and the bill as amended by him, be referred to the Committee, with instructions to transmit the same to the Legislature as an expression of the sense of the State Medical Society."

Dr. Staats moved to lay the whole subject on the table. Lost.

Dr. Sayre's resolution was then adopted.

The Committe on Credentials made their report, and asked for the sense of the society whether they should accept of credentials where they had been received from delegates previously elected,—the New York delegation have been voted the power to fill their own vacancies.

On motion of Dr. Bissell, it was voted to admit the several delegates aforesaid to full membership at this meeting.

On motion of Dr. Sprague, the sense of the society was unanimously expressed, that no such power can be conceded to delegates by any County Medical Society, the statute of the State defining how and for what period delegates shall be elected and vacancies filled.

At a late stage of the proceedings, Dr. Coventry moved a reconsideration of the vote admitting the New York delegates (coming as substitutes) to seats. Carried.

Dr. C. then moved that they be admitted as honorary members, instead of the full membership.

A discussion ensued, pending which a motion to lay the subject on the table for the present was carried.

MISCELLANEOUS BUSINESS.

Dr. S. D. Willard offered the following:—

"Whereas, the medical staff in the asylums at Utica, Auburn, Bloomingdale, Canandaigua, Flushing, Flatbush, and New York city, and the asylum at Binghamton, about to be established, have no representation in this society; therefore,

"*Resolved*, That a committee be appointed to consider the expediency of a statute that shall entitle each of these institutions to a delegate."

Adopted.

Dr. E. H. Parker presented the following:—

"Whereas, the American Medical Association, at its meeting in New Haven in June last, appointed a committee, consisting of one from each State, on the subject of collecting a subscription, not exceeding one dollar from each member of the profession in this country, for the purpose of erecting a monument to the memory of John Hunter, in Westminster Abbey; and whereas, the member of that committee for this State is present at this meeting.

"*Resolved*, That this member be permitted to present the subject before the meeting at this time, and that the book for such subscriptions be now placed in the hands of the secretary of this society, and the amount which they may choose to submit."

The resolution was adopted.

THIRD DAY.

OFFICERS ELECTED.

Dr. Corliss, from the Nominating Committee, read the report, as follows:

President—E. H. Parker, of Poughkeepsie.
Vice-President—A. Van Dyck, of Oswego.
Secretary—S. D. Willard, of Albany.
Treasurer—J. V. P. Quackenbush, of Albany.

Committee of Publication.—Drs. Thomas Hun, S. D. Willard, H. D. Townsend.

Censors.—Southern District—Joel Foster, E. Harris, J. C. Hutchinson. Eastern District—B. P. Staats, T. W. Blatchford, P. McNaughton. Middle District—J. S. Sprague, C. B. Coventry, A. L. Saunders. Western District—A. Thompson, G. N. Bunwell, E. Hall.

Committee on Correspondence.—J. H. Griscom, W. P. Seymour, L. Guiteau, J. Kneeland, M. H. Hasbrouck, H. Corliss, J. G. Orton, J. W White.

Elected Permanent Members.—First District—John G. Adams, John McNulty. Second—C. W. Haight, J. Foster Jenkins. Third—J. V. P. Quackenbush, R. B. Bontecou. Fourth—James Lee, A. E. Varney. Fifth—Franklin Evarts, Austin White. Sixth—C. S. Wood, C. M. Kingman. Seventh—Nelson Niverson, Jos. Beattie. Eighth—J. Northrop, C. C. F. Gay.

Nominated for Permanent Members.—E. H. James, of New York; C. E. Van Auden, of Auburn; S. M. Van Alstyne, of Schoharie

county; —— Stone, of Livingston county; A. G. Purdy, of Madison county; P. Brooks, of Broome county, H. D. Bulkley, H. S. Downs, of New York; H. A. Carrington, of Dutchess county; D. P. Brooks, of Brooklyn; Peter Moulton, Charles McMillan, of Westchester county; A. Crispell, of Ulster county; Taylor Lewis, of Rensselaer county; J. R. Cooper, of Dutchess county.

Elected Honorary Members.—James R. Wood, of New York; Zina Pitcher, of Michigan; D. Crosby, of New Hampshire; P. A. Jewett, of Connecticut; D. Humphrey Stover, of Massachusetts; W. Frazer, of Canada West.

Nominated for Honorary Members.—Prof. T. C. Geoghgann, London; Prof. Jennings, of Nashville, Tennessee; Ashbel Woodward, of Connecticut.

For Honorary Degree of Doctor of Medicine.—Charles G. Bacon, of Oswego county; Charles Barrows, of Oneida county.

Committees on Voluntary Communications.—On Internal Cancer—Alonzo Clark. On Meteorological Phenomena—S. B. Hunt. On Hygrometrical Condition of the Atmosphere—C. A. Lee. On Epidemics—1st District, E. Harris; 2d do. C. A. Lee; 3d do. T. C. Brinsmade; 4th do. A. F. Doolittle; 5th do. L. Guiteau; 6th do. A. Willard; 7th do. E. Carr; 8th do. H. M. Conger.

Delegates to the American Medical Association.—D. P. Bissell, J. Foster Jenkins, Hiram Corliss, E. H. Parker, G. A. Dayton, Joseph Beattie, E. R. Squibb, Thomas U. Blachford, S. O. Vanderpool, Henry S. Downs, T. C. Finnell, A. H. Hoff, S. B. Hunt, Thomas Hun, T. C. Brinsmade, C. S. Wood, C. E. Van Andon, T. H. Hamilton, J. C. Hutchinson, Wm. P. Seymour, Joel Foster, Charles Budd, H. C. Gray, E. R. Peaslie, William Govan.

Delegates to the Quarantine and Sanitary Convention.—John G. Adams, J. H. Griscom, E. Harris, J. McNulty, J. C. Hutchinson, William Govan, Mason F. Cogswell, H. Corliss, J. V. P. Quackenbush, H. Townsend, J. M. Minor, A. H. Hoff, J. G. Orton, J. Ordronaux, S. C. Foster, T. W. Blatchford, S. B. Hunt.

Delegates to the Connecticut State Medical Society.—1st District, Alonzo Clark, Edward R. Squibb; 2d do. S. D. Willard, E. S. Wood; 3d do. John McCall, Daniel T. Jones; 4th do. Hiram Corliss, A. Van Dyck.

The Society then proceeded to an election, when the gentlemen nominated by the committee were elected to the respective offices for which they were named.

PAPERS READ AND SCIENTIFIC DISCUSSIONS.

Dr. Skilton read a paper on "Sub-Peritoneo Pelvic Pregnancy."

Dr. J. M. Sims addressed the Society on "Amputation of the Cervix Uteri, and the substitution of Chromate of Potash for Nitrate of Silver, as an Escharotic."

The thanks of the Society were returned to Dr. S. for his address, and a copy requested for publication.

On the subject of "Simple Extension as applicable to the treatment of all fractures of the long bones," Dr. James R. Wood remarked that extension by pullies and weights had been used in Bellevue Hospital, and discontinued, for what reason he does not know.

Dr. Swinburne expressly says that he deprecates this mode of treatment, for the reason that the only requisite is to extend the limb to its normal capacity, retaining it in position as nearly as possible. This is the intention of the Simple Extension, while the pullies and weights may effect too much by elongation of the muscles beyond their normal capacity. Dr. S. said he had treated about 40 thighs, and about 100 long bones by simple extension, and all with the most happy results, very much better than he could have obtained by the splints.

In company with Prof. Charles A. Lee and Dr. B. F. Henderson, he accompanied Dr. Swinburne and saw several cases of fracture being treated by simple extension, some of which were compound. They seemed highly pleased with the results, so far as they could judge from their limited observation.

A number of papers were presented by the Secretary from members of the Society, which were referred to the Publication Committee.

The Society, after passing the usual resolution of thanks, then adjourned *sine die*.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, FEBRUARY 16, 1861.

MENTAL HYGIENE AND PUBLIC EDUCATION.

Let no one believe that what Feuerbach has termed the crime against the soul, must always needs have such flagrant examples as that of Caspar Hauser. The class of cases to which the latter belongs are the highwayman's cases, fortunately rare. But there is another class of crime against the soul and mind which counts its victims by thousands and tens of thousands, committed by neglect, carelessness, and a stubborn adherence to an erroneous system; and just as the want of proper physical hygiene and protection of public health has its victims, so a wrong method of education shows its results in numberless cases of crippled, maimed, or murdered minds. Scrofula, with its hip disease, its hunchbacks, its marasmus, is bad enough; but crooked minds and anchylosed intellects are infinitely worse. We are not con-

tending that education is all-powerful in giving shape to the moral and intellectual character of man, any more than we would contend that tuberculosis, for instance, is always acquired. There are innate, inherent, constitutional tendencies and idiosyncrasies. But, as in physical pathology, morbid tendencies may be counteracted, rendered latent, or even eradicated by proper hygienic measures, so with the tendencies of the mind and intellect.

In the methods of instruction adopted in our public schools, the following principle is not sufficiently recognized:

The human mind, the human understanding is limited; its functions and processes are governed by laws, which are analogous and closely related to those which govern other functions and processes of the organism. To stimulate these functions to the greatest extent within NORMAL AND HARMONIOUS LIMITS is the object of education.

Based upon any other principle education may become either a farce or a crime; the former, when it does not injuriously affect the child while not effecting its aim; the latter, when by a false system the mind becomes crippled beyond all possible future repair.

We blame the parents who would, by systematically feeding their children day after day on the most unwholesome food, either in quantity or quality, reduce them to marasmus; yet exactly the same thing is done to the mind and intellect in our public schools, and, indeed, more or less in all our educational institutions.

For example. Do you believe that the brain is unlimited in its capacity for receiving impressions, forming conceptions, and deducing inferences, any more than the stomach is capable of unrestricted repletion? Certainly not, answers the worthy pedagogue. Or is it to be supposed that the brain can be exercised in one particular function or faculty, say, for instance, the memory, at the exclusion of all other faculties, without reacting injuriously upon the whole and enfeebling the other faculties, at the cost of which the memory is abnormally stimulated?

Yet this is the system followed in our schools. The food offered for the growth, development, and expansion of the young intellect is presented in the most indigestible quantity and quality. No regard is paid to the individual capacity of the child; no attention is bestowed upon its power of mental digestion. Memory—memory is the great lever of the system. There are so many pecks, bushels, quarts, pounds, hogsheads, loaves, or what not, of mental food to be devoured per annum—that is, so many questions are to be asked by the teacher, and to be answered by the pupil, by order of the Board. Whether cerebral dyspesia, mental constipation, or ideal diarrhœa, be the unavoidable results, no matter.

"Our division has gone through so many books, so many questions—average very high—we have done a noble work." What would we think of a farmer who were to estimate the beauty and value of his horses by the amount of oats which they consumed per annum. And, oh, learned pedagogues! oh, wise Boards of Controllers! oh, profound Superintendents! is it not by the peck and bushel of questions consumed that you judge your charge, instead of looking at what has actually been assimilated into their intellectual existence? Is it not rather the book-case, the binding of the books, and the number of pages that you look at than that what the pages contain?

A man with a memory for dates may be able to tell the exact time of every historic event, from Alexander the Great to this day, and yet know less of history than one who can remember not a single date. It is not memory—the sentence cannot be too often repeated—that makes true knowledge, but understanding. The WHY, HOW, WHENCE, WHITHER, are the real motor springs of the intellectual organism, and unless education and instruction are based upon these, unless the child is taught to inquire for itself, and think over what it learns, to interpret phenomena, solve questions, all mere memory-knowledge will be of no avail. A man may never have looked at a cadaver, but with a good memory be able to tell you the whole distribution of the fifth pair of nerves down to the smallest ramifications; yet would he be the man to whom you would trust your neck if

you were obliged to have your carotid tied? Or what physician would you rather have to prescribe for you,—the "*memory man*," who has at his fingers' ends five hundred prescriptions from the most eminent authors, out of which, perchance, one might suit your case, or the "*reasoning man*," who never thinks of his prescription until he has got his diagnosis, his indications, which lead him naturally and simply to his therapeutical appliances?

But we must not extend these preliminary remarks too far.

There are essentially two methods of instruction and education. One is the *natural method;* the other the *artificial*, or *unnatural*. The one is in accordance with the laws of mental hygiene; the other violates them, and is followed, like every transgression of the laws of nature, by punishment, as irrevocable as these laws are permanent. The natural method of instruction, to use a clinical illustration, is like the easy reduction of a dislocated limb by manipulation; the artificial method, that of pulleys, ropes, towels, pushing and twisting, pulling and jerking.

Before discussing, however, in detail, the mental hygiene of these two systems or methods of education, and their effects upon the health and disease of mind and body, let us sketch in rapid but bold outlines their general characteristics.

First, the artificial or unnatural method. The child is led to suppose that words have no use but to be *spelled;* that language is especially provided so that we may have grammars; that geography has been especially gotten up for the sake of maps. The child's first association of ideas with a word is "how is it spelled," not its meaning; its first intellectual conception of language is connected with declensions, conjugations, and the soul, the vital spark, the fire of language, is quenched under the cold ashes of the unnatural system; its first ideas of the globe are inseparably associated with an abominably long array of names and definitions, which it must commit to memory mechanically, because it can connect no meaning with them, and the teacher has no time to explain, but only to hear recitals, and to keep his daily record of barometric observations, figuratively speaking, that show, true enough, the amount of pressure, and the clouded state of the intellectual atmosphere in which his pupils breathe.

In the higher walks of instruction that same unnatural system is found. Men must attend lectures on surgery before they have mastered anatomy; pathology, and therapeutics, before they have acquired a fundamental knowledge of chemistry and physiology. The result is, memorizing, "cramming," mechanical study, never inspired with the joys and pleasures of true investigation, and the practice of medicine becomes a miserable routine.

It is, however, at the very commencement of instruction, of intellectual education, that we find the unnatural, the artificial system in its grossest form. The child opens a book and reads: "The letters of the alphabet are signs for certain sounds in speech." Its teacher asks it to spell HOUSE; aitch-o-ewe-ess-ee. The child has been taught that sounds are the elementary, component parts of words; but here it uses fourteen letters or representatives of sounds to analyze a word which really has but three, and if it analyzes the first sound it finds H-Aitch—A-eye-tea-sea-aitch. Now, if the child is taught that the letters of the alphabet are signs for certain sounds in speech and the elements of words, one of two things happens. Either it will know what is meant by these terms "sounds" and "elements," or not. If the latter then instruction is a failure. And if the former, the child is reminded at every "spelling lesson" that it has been taught a LIE; for the letters of the alphabet, according to this old *unnatural* spelling system, do *not* represent sounds, and are *not* the elements of words.

The phonetic method, the construction of words by their true elementary sounds, should be commenced with, instead of the mechanical a-bee-sea-spelling-system, by which so much valuable time is lost.

We cannot tell what influence upon the intellectual and moral hygiene of children this unnatural system of spelling may have and has had. It continually calls things by their wrong

name; nearly every letter of the alphabet is made a cheat, while every word forms a hiding place for nearly as many lies as it has letters. If the child is thus early taught to think one thing and say another, is it not probable that some of that habit will remain always, after a boy has "ess-pea-el-el-ee-dea" his way through school for six or eight years? At any rate, as the end of all knowledge which education can give is Truth, would it not be well to start *truthfully* in spirit and form?

When we thus see the unnatural method in possession of the remotest outwork of education, we need not be astonished that the further we enter, the more we shall see it removed from its true objects, until we find memory enthroned as supreme tyrannical ruler, while understanding, appreciation, conception, reason, and imagination, lie manacled in the dust, having, though often rebellious, at last succumbed in the vain struggles with annual examinations, rules of boards, the routine of teachers, mechanical recitations, and the other appliances of our so much praised modern education.

JOHN WAKEFIELD FRANCIS, M. D.

(Died February 8th, 1861—Aged 72 years.)

A great and good man has passed away from our midst. One of the last representatives of a glorious race of physicians has gone to his resting-place: John Wakefield Francis is dead; a cloud of mourning is cast over his city, at the loss of him who was one of her noblest sons and citizens; and the profession throughout the country feels deeply that it has lost one of its brightest stars. The loss is felt the deeper, because it came unexpectedly. Though far advanced in years, Dr. Francis was one of those few men whom we can never look upon as old—whose very winter of life seems but a return of the spring time of youth.

The personal, professional, and public history of Dr. Francis is so well known to most, that we need not enter into a lengthy biographical dissertation; a short sketch will suffice.

He was born in New York, in the year 1789. His father, Melchior Francis, was a native of Nüremburg, Bavaria, who had come hither shortly after the establishment of American Independence.

Young Francis at first chose the calling of a printer, like Franklin, whom he personally much resembled. But his inquiring mind led him onward to higher aims. He entered Columbia College, where he graduated in 1809, and received his A. M. in 1812. On leaving college, he entered into the office of Dr. Hosack; and in 1811, received his degree of M. D. from the College of Physicians and Surgeons. His inaugural thesis, on the *Use of Mercury*, attracted much attention, and was translated into German. Very soon after his graduation, Dr. Hosack urged him to unite with him in practice, and this union continued until 1820.

In 1813, at the union of the Faculties of Columbia College and the "Physicians and Surgeons," he was elected Professor of Materia Medica, and successively, in the various changes of this medical school, filled the chairs of the Institutes of Medicine, Medical Jurisprudence, and Obstetrics. He resigned in 1826, and took part in the formation of Rutger's College. For nearly twenty years, he was thus an assiduous and successful professor of various branches.

In the literature of his profession, Dr. Francis has been laborious. In 1810, in connection with Dr. Hosack, he founded the *American Medical and Philosophical Register*. His valuable edition of "Denman's Midwifery," with copious notes and an erudite prefatory history of the art of midwifery passed through several editions. "Cases of Morbid Anatomy," the "Value of Vitriolic Emetics in the Membraneous Stage of Croup," "Facts and Inferences in Medical Jurisprudence," etc., are but a few of his many medical essays and monographs.

He was alike distinguished in the walks of general literature, and especially that of biographical and local history. It is here where his genial nature, his vivid recollection of olden times, and his lifelong intercourse with the most eminent statesmen, philosophers, authors, and artists, enabled him to occupy a position which few men can reach, and rendered his social and literary reunions so famous in literary and artistic circles.

The high esteem in which Dr. Francis was held by the profession can be no better shown than by the fact that he was chosen the first President of the Academy of Medicine of New York; beside numerous literary and scientific societies, he was a member of the London Medico-Chirurgical Society, and, with De Witt Clinton, an honorary member of the Wernerian Society of Edinburgh. He first noted, in a letter from London, June, 1816, the fact of the rare

susceptibility of the human constitution to a second attack of pestilential yellow fever; he was the first therapeutically to employ croton oil, elaterium, and iodine, in this country, and to introduce them to the profession.

But the scientific and literary fame of Francis is too wide spread and well known, to need an extensive notice here. A few words regarding the MAN.

He was generous, noble in deeds of charity, a friend of all in need, and a liberal supporter of educational and charitable institutions. In his convictions, he was earnest, and it was this which gave his opinions decision and individuality that always entitled them to a hearing, and made him eloquent in simple scientific controversy or on festive occasions.

This earnestness of conviction, forming so eminent a trait in his character, was, perhaps, never in his life more strikingly exemplified than during the celebrated yellow fever discussions at the Quarantine Convention, in New York, and in the Academy of Medicine. Well do we remember him, standing alone among his professional brethren, the advocate of the contagiousness of yellow fever, and yet while all around him opposed his views, undaunted and unmoved he followed what he considered his duty, and when, after an extempore address of over an hour, he took his seat, there was not in that assembly one who would not have conceded to him the palm of true eloquence, which is found only where earnest convictions move the mind. How much in this respect did he differ from many, who by rhetorical fanfarades and dramatic action, in vain attempt to do what earnestness and truthful conviction alone can accomplish.

When a physician dies it is but proper that his brethren should be informed of the cause of death. Francis died, it seems, of exhaustion, consequent upon the debilitating effects of a carbuncle, which had been opened. He was conscious to the last, and awaited death with serenity and resignation which his deep religious feelings afforded him.

The immense throng of men of all classes, who paid him the last respect, but showed that one of the men of the age had gone home, whose memory forms one of the land-marks in the history of our profession.

Personal.—Dr. CALVIN ELLIS has retired from his position as one of the editors of the Boston *Medical and Surgical Journal.* Dr. S. L. ABBOTT takes his place.

THE SECOND DEGREE.

At the recent meeting of the Medical Society of the State of New York, the Committee on Medical Education reported in reference to the second degree. We most heartily agree with all the Committee say in regard to the necessity of a more thorough education, an extension of the term of study, as well as the courses of lectures, more strict requirements regarding a good preliminary education, etc. Yet, we cannot perceive the correctness of the logic with which the Committee oppose the so-called "Second Degree." The two chief arguments are contained in the following sentences of the report:

"As regards the argument of the necessity of a second degree, because of so many irregular practitioners having assumed the title Medicinæ Doctor, to refute it, it will be only necessary to ask why, if the first degree has been so freely seized upon, may not the second and higher degree be equally easy and freely assumed?

"There will be active advancement or elevation of the standard of medicine, unless the reform commence with the course of education itself, instead of with the degrees conferred, which degrees, like the coin stamp, may be impressed upon the base metal as well as that which has the true ring of gold."

In regard to all this, we have to say:

1. The title of Medicinæ Doctor has not only been *assumed* by many irregular practitioners, but it is actually *bestowed* upon them by chartered schools, regular and irregular, according to law. Hence, the question is not one of mere individual "assumption," but of *legislation.*

2. The very fact that "M. D." has been so freely "*seized upon,*" and, we may add, *bestowed,* and the impossibility to have a uniform high standard adopted by those who bestow the title, regular and irregular, renders it desirable that there should be a second title, emanating from an incorruptible source, whence it will be impossible to be seized upon so freely, and whence it will not be bestowed except to those who deserve it.

3. The source from which the title should emanate must be impartial, connected with no private or personal interests, be removed from all legislative and political influences, and REPRESENT THE PROFESSION. Such a source would be the American Medical Association.

4. Coming from this source, the higher degree will neither be equally easy and freely assumed, nor will it be unworthily bestowed.

5. The Committee are most unfortunate in their illustrations. The very fact that the coin-stamp may be impressed upon the base metal, and that so much spurious coin is circulating, shows the imperative necessity of having a standard ASSAY OFFICE, which may examine all the coin, and countersign, by the new title, that which has the true ring. We cannot afford to wait till the counterfeiting establishments are all broken up, or the counterfeiters morally reformed. This must be the work of time. Meanwhile, let the American Medical Association establish the "ASSAY OFFICE," and, unless weightier objections are advanced than those of the new York Committee, let us have the second degree.

Correspondence.

MASSACHUSETTS CORRESPONDENCE—STATE ALMSHOUSE—MEDICAL NEWS.

MESSRS. EDITORS:—I proceed to give you the first instalment of an account of our public institutions of Charity, by a statement of the STATE ALMSHOUSE at BRIDGEWATER.

Summary of Inmates.

Number admitted during the year,	1,360
" provided for "	1,854
" discharged, returned, &c.,	1,201
" died, - - - - -	173

Men 107; women 191; boys 113; girls 69.
Average through the year, 579.

Expenditures.

The whole amount expended for support of the institution is, - - - - $32,620 53

Amongst the most prominent expenses is that of tobacco, snuff, and pipes, $190 88. The inmates have not only the necessaries, but the luxuries of life.

Medical Department.

Number of males admitted to hospital,	656
" females "	567
Total, - - -	1,223
Number of births:	
Males, - - - - - - - -	30
Females, - - - - - - - -	26
Stillborn, (sex not recorded,) - - -	7
Total, - - - - -	63

The diseases proving fatal, and number of deaths from each, are exhibited in the following table:

Apoplexy,	5	Erysipelas,	3
Brain, inflammation of,	2	Fever, Typhoid,	1
		" Puerpal,	1
Bright's Disease,	1	Gangrene,	2
Bronchitis,	1	" of mouth,	2
Cancer,	5	Heart, disease of,	3
Caries of Spine,	1	Hydrocephalus,	2
Consumption,	46	Hemorrhage,	1
Convulsions,	4	Marasmus,	17
Debility, senile,	6	Measles,	1
" infantile,	3	Paralysis,	2
Diarrhœa, chronic,	3	Peritonitis,	3
Dropsy,	5	Pneumonia,	15
Delirium Tremens,	3	Scrofula,	4
Dysentery,	5	Syphilis,	1
Enteritis,	9	Small-pox,	3
Epilepsy,	1	Scarlatina,	9

Average number in hospital during the year, 130.

There have been twenty-five cases of small-pox, and thirty-four cases of scarlet fever treated in the institution during the year.

The Physician reports that ophthalmia, as in former years, still exists, but a greater part of the cases have been of the scrofulous or cattarrhal variety. No case has occurred during the year, where vision has been destroyed or materially impaired. The whole number of recorded cases is 204, a much larger number than have entered the hospital from any other single cause.

The students of the Boston Medical College partook of their second supper in this course, given by the Faculty at the Revere House, on Saturday evening. There were about one hundred and twenty-five present, and a fine time was experienced by all.

The country physicians of Massachusetts are absorbed in the diphtheria question, now that this formidable disease has shown itself in their midst. Dr. Borden, of North Bridgewater, reports four cases; all resulted favorably under his treatment. H. H. M.

State Almshouse, Bridgewater, Feb. 11th, 1861.

DIPHTHERIA A SPECIFIC DISEASE.

MESSRS. EDITORS:—About two weeks since, I applied a blister to the chest of a child 2¼ years of age, for the relief of a bronchial difficulty. The blister, by being rubbed and otherwise irritated, did not heal readily. On the 3d inst., I discovered a diphtherial membrane over its whole surface. This was removed three or four times, and was as often reformed. Around the diphtheritic surface, was an erysipelatous border of about an inch in width. A small spot of the size of a dime, above the blister, became abraded and took on the membrane with the inflamed border. There was at this time some fever, with

a marked depression of vital force, but *no throat disease* whatever up to the 6th inst. I verified this fact by careful examination of the fauces.

On the 7th, when I visited the child, my attention was called to a swelling of the external glands on the left side of the neck. Upon examining the throat, a universal diphtheria of its organs was disclosed, the membrane extending also into the nasal passages. There was now much constitutional disturbance and great debility. The disease progressed rapidly to a fatal issue, by extension of the membrane into the air passages. Death occurred on the 8th inst., about 36 hours after the first discovery of the throat affection. A young woman in the family was taken with membranous sore throat, while the diphtheria existed in the blistered surface. Other members of the family are at present affected.

STEPHEN WICKES.

Orange, N. J., Feb. 9th, 1861.

NEWS AND MISCELLANY.

The Howard Hospital has now been removed from its old place to its new and more commodious quarters in Lombard street, between Fifteenth and Sixteenth. The prescribing and dispensing rooms are ample, comprising a reception room for patients, a consultation, and an operating room, an apothecary shop, and a private room for the attending physicians, containing the library. In the second story are the rooms of the resident physicians, and in front a spacy lecture room, calculated to hold over two hundred students. The third story will as speedily as possible be fitted up for wards to contain about twenty-five beds.

The number of patients treated in this institution thus far, since January 1st, 1861, is over three thousand.

The staff of the institution at present is composed as follows:

Joseph Klapp, M. D., Diseases of Digestive Organs.

George R. Morehouse, M. D., Diseases of Nervous System.

E. M'Clellan, M. D., Diseases of Women and Obstetrics.

Samuel W. Gross, M. D., Diseases of Genito-Urinary Organs.

J. Aitken Meigs, M. D., Diseases of the Chest.

Laurence Turnbull, M. D., Diseases of Eye and Ear.

Wm. Darrach, M. D., Fevers.

O. A. Judson, M. D., Diseases of Skin.

Chas. Neff, M. D., and D. D. Clark, M. D., Surgery.

Dr. J. Rufus Tryon, and Dr. W. MacNeill Whistler, Attending Physicians.

Ovariotomy.—Dr. COOPER, of San Francisco, reports a case of ovarian tumor, which he extirpated. The patient died in six hours, from hæmorrhage. The same thing has happened to the same surgeon before.

Still They Come!—A new medical journal is to be established at Portland, Oregon, by Drs. Hawthorne and Laryea, Physicians and Surgeons to the Portland Hospital. We wish them success.

Answers to Correspondents.

Dr. C. F. H. Ky.—The American Journal of Insanity, published at Utica, New York, and edited by the medical officers of the New York State Lunatic Asylum, is one of the ablest journals of its class published. We believe it is the only one in this country. There are some excellent foreign journals devoted to mental disease, but it is very expensive to obtain them here.

Dr. A. H. S., Ohio.—There are all sorts of irregular Schools of Medicine here, and the person of whom you speak probably attended one of them. He could attend hospital lectures by procuring tickets, and by concealing his principles; could attend and graduate at any of our regular schools of medicine.

COMMUNICATIONS RECEIVED.

Georgia—Dr. V. H. Taliaferro. *Illinois*—Dr. M. M. Roger, Dr. C. B. Macklay. *Indiana*—Mr. W. E. Chapman, (with encl., for Dr. G. W. Fleming.) *Iowa*—Dr. E. L. Mansfield, (with encl.) *Kentucky*—Dr. J. G. Hatchitt, Dr. Charles F. Hart, (with encl.) Dr. J. W. Fox, Dr. J. D. Jackson. *Massachusetts*—J. M. Gibbens, Assistant Secretary N. E. Life Insurance Company. *New Jersey*—Dr. A. E. Budd, Dr. G. Tomlinson, (with encl.,) Dr. J. D. Dewitt, (with encl.) *New York*—Dr. H. Sanders, Dr. J. B. Jones, (with encl.,) Dr. J. Swinburne, (with encl.,) Dr. J. R. Wood, (with encl.) *Ohio*—Dr. MacNicholl, (4,) Dr. T. H. Baker, (with encl.) Dr. S. Wilson, (with encl.,) Drs. Firestone and Robison, (with encl.,) Dr. W. C. More, (with encl.,) Dr. A. Metz, (with encl.,) Dr. J. Schertzer, (with encl.,) Dr. F. H. Uhl, (with encl.,) Dr. J. P. Barrick, (with encl.,) Dr. L. W. Whiting, (with encl.,) Dr. S. A. Robinson, (with encl.,) Drs. K. G. & E. L. Thomas, (with encl.,) Dr. S. M. Kuhn, (with encl.,) Dr. D. Deemer, (with encl.,) Dr. H. Culbertson, (with encl.) *Pennsylvania*—Dr. J. W. Rhoads, (with encl.,) Dr. B. F. Shannon, Dr. W. C. Roney, Dr. J. C. Happersett, (with encl.,) Dr. P. Leisenring, Dr. J. Winans, (with encl.,) Dr. E. G. Martin.

Office Payments.—Bullock & Crenshaw, (adv.,) Dr. C. L. Martin, (Pa.,) Dr. J. Shrack, (Pa.,) C. L. Trumbower, Dr. Collins, Dr. W. T. Robinson, (Pa.,) Dr. J. Anderson. By Mr. Swaine: Drs. J. McAvoy, Bannan, Hoffman, Harper, Ludlow, and Hon. Wm. B. Mann.